

Hambrick Animal Clinic



BOARDING CONSENT FORM

Client Name _____ Phone: _____

Address _____

Pet Name _____ Breed _____ Color _____ Age _____

Emergency Contact Name/Number _____

Date/Time of Drop-Off: _____ Date/Time of Pick-Up _____ Number of Days _____

**** Effective Jan 1, 2017, there will be an additional night charge if picked up after 10:00 a.m. ****

****DIET****

Circle: Canned *or* Dry | **Circle:** Own Food *or* Clinic Food
Type/Brand _____

How Often? (Times Per Day) _____ How Much? _____

****MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS****

Is your pet on any medications? YES (or) NO

Type _____ How Much, How Often _____

Type _____ How Much, How Often _____

Additional Medical Information _____

****BELONGINGS****

Please Circle & Describe What Applies To You:

TOYS: _____ BEDDING: _____

COLLAR: _____ LEASH: _____ CARRIER: _____

OTHER: _____

****ADDITIONAL SERVICES****

In addition, please administer these services during my pets stay (check all that apply):

_____ Bath, nail trim, ear cleaning	_____ Heartworm testing
_____ Grooming (hair cut w/ bath, nails, ears)	_____ Heartworm prevention
_____ Microchipping	_____ Deworming
_____ Flea/Tick Prevention	_____ Other: _____

**** Complimentary bath, nail trim, and ear cleaning is included with each boarding stay of THREE (3) DAYS or longer effective February 2017. ****

****As stated in the Vaccination Policy on Page 2, dogs/cats will receive any of the required vaccines during their stay that they are not already up to date on.**

Sign _____ Date _____

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BOARDING POLICIES

1. **Flea Policy:** All boarding pets must be free of fleas. If your pet has fleas, they will receive a bath and a flea preventative may also be applied. The additional charges will be added to the final bill.
2. **Vaccination Policy:** To insure the protection of all pets under our care, the following vaccines **must** be up to date:

Dogs:	Da2ppv (Distemper)	Cats:	Rabies
	Bordetella (Kennel Cough)		FVRCP (Distemper) [Recommended]
	Rabies		

If my pet is not current on all above vaccinations, I give my permission for Hambrick Animal Clinic to update the vaccination(s) in accordance with the above policy. I understand a vaccination fee will be added to my final bill.

3. **Medical Illness Policy:** One of the advantages of boarding your pet at Hambrick Animal Clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regarding your pets symptoms, treatment options, and estimate of additional charges. If no one can be reached, we will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

****STATEMENT OF RELEASE****

In the event of an emergency Hambrick Animal Clinic reserves the right to treat the above patient

In addition, I have read this form and I am aware of the above staffing hours and understand the above flea, vaccination, and medical illness policies. I agree to pay for any additional fees necessary to be in accordance with the above policies.

Signed: _____ Date: _____