Boarding Consent Form

Patient Name:_			
Client Name:	T:	D	
Arrival Date & Time: Departure Date & Time:			
and free from internal requirements of State: also be treated for at the hospital. We will disc	and external parasities. If in Law and AAHA requirement the owner's expense. Payme harge boarding patients dur	nmunizations are not current, they nts at the expense of the owner. A ent for all services must be made a	Any external or internal parasites will the time of discharge from the ly. Patients will not be discharged
Other treatmen	ts to be performed	while your pet is boardi	ng:
the last day of his/he charged a full day of	er stay, you will not be ch f boarding. Every dog st		
Small Dog (< \$18.80/day	20lbs) <u>Me</u> \$23.10/d	edium Dog (21-70lbs) ay	Large Dog (>70lbs) \$25.50/day
Cat \$15.60/day	Rodent \$15.90/day	Exotic \$33.00/day	Avian \$16.80/day
	oarding Bath <30#	Boarding Bath 31-100# \$27.50	Boarding Bath >100# \$31.50
	cations your pet will need have brought for your pe		administered. Please also list
In case of emergence	y who should we contact	:	
	Phone Number:		
Veterinary Hospital	•	gency contact cannot be reached to perform the necessary production treatment.	
Signature:			
I can also be contact	ted by: text or email (c	ircle any that apply) if needed	during my pets stay.
Please provide cell	ohone/email information:		