

BOARDING CONSENT FORM

Your Name _____

Your Address _____

Number where you can be reached _____

Name & Phone number to call in event of Emergency _____

Pet's Name _____ Is your pet on any medication? Yes or No

If so, Name of medication(s) and How often given _____

Your pet will be boarding here
From _____
To _____
Must be picked up on date above
or Hospitalization charges will
be applied.

Please be advised that there is a medication administration charge of \$7.00 for every time medicine is given (ex. If medicine is given twice a day, then there is an additional \$14 charge per day).

Does your pet need to see the doctor for any reason (such as vaccinations) (up to \$50 fee)?
Yes or No, If Yes, please describe? _____

*** Please ask the receptionist to provide you with an estimate of cost ***

Would you like us to give your dog the recommended vaccination for bordetella (also known as kennel cough, however as with any vaccination this does not *guarantee prevention* of disease) (\$20 fee, If bordetella is the only vaccine given there will be no exam fee but will be a technician fee of \$12)? Yes or No

How much and how often does you pet eat? _____

If you did not bring you pet's food, does he/she prefer – Wet or Dry

Would you like us to run a fecal exam on your pet to check for parasites (\$26 fee)? Yes or No

If yes, would you like us to administer the appropriate medication if parasites are found or if annual deworming is due (\$28 fee)? Yes or No

Would you like your pet to be bathed while here (\$28 fee)? Yes or No*** PLEASE SPECIFY A PICKUP TIME SO WE CAN HAVE YOUR PET DRY _____

Would you like your pet to have "playtime" sessions? Yes or No

Please indicate number of sessions (\$17 per session): _____

PLEASE NOTE THAT BOARDING CHARGES WILL ACCRUE PER PET PER NIGHT

I understand that during the length of stay at Glenolden Animal Hospital unforeseen conditions may arise that necessitate a Veterinary Doctor to examine and/or treat my pet as deemed necessary and desirable by the doctor's professional judgment. Therefore, I agree to any necessary medications and/or procedures (and their associated fees) that may occur during my pet(s) stay here.

----- Payment for boarding is expected upon pet(s) release -----

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

Signature of owner or agent

Date _____

Admitting Receptionist _____

Admitting Tech/Assistant _____