

Valrico Animal Clinic Boarding Consent Form

Client Name: _____ Patient: _____ Species: _____

*****The following to be completed by clinic staff:*****

Boarding Dates: _____ Reservation Type _____

Services/Vaccines needed for boarding

CANINE

Exam Rabies
Heartworm test DAP
Fecal Lepto
Bordetella/Para Intra. Tag

Flea & Tick Prevention

Nexgard
Owner supplied or buys from us _____

FELINE

Exam FVRCP
Rabies FELV
Fecal Tag

Flea Prevention

Advantage Application
Owner supplied or buys from us _____

FERRET

Exam Tag
Fecal
Rabies

Eligible for Comp Bath (Canine Only)

Grooming appointment? Yes Date _____ *If grooming is set for pick up date, groomer will notify you when pick up is*

*****The following to be completed by Owner:*****

Any Procedures (Surgery, Diagnostics, etc..) that are to be done while boarding or current problems that need to be checked by a doctor?:

Heartworm Prevention (dogs only): type used _____ Date last dose was given _____

Medications (additional fees apply)

_____ (name)	_____ (amount)	_____ (how many times a day)	_____ (next dose due)
_____ (name)	_____ (amount)	_____ (how many times a day)	_____ (next dose due)
_____ (name)	_____ (amount)	_____ (how many times a day)	_____ (next dose due)

Food: Hospital Diet (Purina EN) **(No amount needed for hospital diet)**

Home Diet Amount: _____

Medical Alerts: Seizures Cardiac Renal Allergies Food Sensitivities Anxiety Behavioral Issues Arthritis
Other _____

REQUIREMENTS FOR BOARDING

- All animals must be current on yearly exam by a vet here, 6 month fecal check & bord/para, yearly heartworm test, taking _____ (init.) monthly heartworm/flea/tick preventative, and required vaccinations, or **they will be treated at owners expense.**
- All animals must be free of external parasites (ex. ticks, fleas, etc.), or **they will be treated at owner's expense.** _____ (init.)
- VAC has my permission to treat when medically necessary. **Treatment will be at owner's expense.** _____ (init.)
- If a tranquilizer is necessary for the treatment/handling, Valrico Animal Clinic has my permission to administer medication. _____ (init.)
- I grant permission to Valrico Animal Clinic to take images of my pet and post to their social media site. _____ (init.)
- Checkout is between **10am-5pm Monday-Friday & 9-11am Saturday.** Closed on Sunday & holidays. _____ (init.)
- If your dog is receiving a complimentary bath please call before coming in to pick up to make sure your dog is ready. _____ (init.)

I have read the boarding requirements and understand the hospital's policies

Print Name: _____ Signature: _____

Contact Number: _____ Date: _____

Emergency Contact Info

If you do not have an emergency contact you do not need to fill this section out

Contact Name: _____ Contact Number: _____

Pick up time: _____ Team initials _____