

PET BOARDING INFORMED CONSENT FORM

Owner's name:	Phone:		Email:		
Emergency contact:			_ Phone:		
Patient's name:	Species:	Breed:			
Chip/Tattoo/Tag:	Age/DOB:		Sex: F M N S Date:	//Time::_	
SERVICES REQUIRED:					
Date and time in	Date and time out			•	
What accommodation do you prefe	er? Runner? Large cage? Small cage? _				
Do you want us to walk your pet or	utside more that two times a day? Circle one: 3, 4 or	5 times a day.			
Do you want us to play with your p	et? Circle one: 1, 2 or 3 times a day.				
	y medication? Explain and initial				
Do you want us to groom your pet?	? Yes No If yes, please complete Pet Groon	ing Informed (Consent Form		
How do you want us to feed your p	et? Your own food? Our food? Brai	ıd?		Dry food?_	Canned?
Other					
Amount?	Frequency?				
INITIAL AND EXPLAIN - IF REQU	JIRED:				
I acknowledge that	examined my pet at the time of admission and found	the following issu	Jes:		
I acknowledge that my pet is of for boarding, and I will pay for the I agree that I will not hol comes first. Unvaccinated Staff at the time of admis good faith. I grant my full	D THE STAFF AT PVC LIABLE FOR ANY DAMAGE <u>Animals will not be boarded under any (</u> Sion. Owner information is strictly coni Consent for this procedure. I agree to pa	ecies; if not, I au Sustained by Circumstanci Fidential. I ac Ny in full for	thorize the veterinarian to Y MY PET IN CONNECTION E. I DISCUSSED ANY QUE KNOWLEDGE THAT THE THE SERVICES RENDER	O give those vaccines to my pe ON WITH THE BOARDING. I JESTION OR CONCERN THA E DOCTOR AND OTHER STAI RED.	PVC STAFF SAFETY T I HAD WITH THE
	STEMPER, PARVOVIRUS, PARAINFLUENZA, ADEN NLEUKOPENIA, LEUKEMIA, HERPESVIRUS, CALIC		DETELLA BRONCHISEPTI	<i>ICA</i> .	
OWNER SIGNATURE				NATF	