EDMONDS VETERINARY HOSPITAL

Boarding Consent Form

Please be advised that all boarded pets must be current on their vaccines and have a negative fecal test within the last year in order to board at our facility. We require proof of vaccines by a licensed veterinarian prior to admission to boarding. Special consideration may be given to those pets with a documented history of vaccine reaction, or with a medical condition whereby vaccinations are unwise. Pets from different families do not interact with eachother. Boarding fees are charged per night.

Client Name: **Drop off Date:** **Pick up Date:**

Pets Name

Feeding Instructions: (circle option & indicate how much & how often)
Own Food --- Canned _____ Dry _____
Clinic Stock --- Canned Dry (if using clinic food, we will feed per package directions for pets weight and body condition)
Please note that feeding clinic stock food is an additional $6 per day. **WE CANNOT ACCEPT RAW OR "GENTLY COOKED" DIETS.**

Medications or Treatments (additional $6 per administration)
None

1)_____Dose_____

2)_____Dose_____

3)_____Dose_____

Next medication due (please circle):
This morning Today at Noon This Evening Other Date_____

Is your pet on parasite preventative?
Date _____ Product_____

Belongings (Our apologies, we do our best but we cannot be responsible for lost or damaged items) _____*initial*
Toys Blanket/Bedding Treats Leash Harness Collar Carrier Food Other (specify)_____

Additional services requested (ask for details on prices)
Nail Trim and/or Anal Glands
Full Spaw Day:(bath, nail trim, anal glands, ear cleaning and tooth brushing) We do not perform baths on cats, we do not have a groomer.
Other: _____

Enrichment activities - highly recommended for all pets - (additional $15 per occurance)
One on one time with staff member out of run/kennel:
Extended walk (dogs only) Pet/Cuddle Play with toys Frequency_____ Other(specify)_____

My pet is:
A stress chewer Known to get stress diarrhea Known to have stress urinary issues Aggressive toward other animals/people
Known to be aggressive/possessive of food/toys Known to be fearful of thunder/fireworks or other loud noises Does not get along with other pets

Will you be available by phone while your pet is here? Best number _____
We always try to call you first if your pet becomes ill and requires treatment. If you are not available, who can we call for authorization:

Name_____ Phone _____

_____ Should my pet become ill during his/her stay at EVH, I authorize the attending doctor to treat at his/her discretion until I can be reached for further consent.
_____ I understand that my pet will be checked for *fleas* and *ticks* before being admitted for boarding. If either is found I consent to have my pet treated at the doctor's discretion and for an additional expense.
_____I authorize someone other than myself to pick up my pet for me or take off Edmonds Veterinary Hospital premises for periods of time.
Name of Person_____Phone_____If early pick up please give possible date/time_____
_____ I understand that if my pet is not picked up by noon, I will be charged for an additional half day of boarding.

Owner Signature: _____ Date: _____