

**Animal Hospital Of Clemmons  
BOARDING CONSENT FORM**

***ALERT* : PLEASE LIST ANY CHRONIC ILLNESS OR RECENT SURGERIES**

**\*\*\*ie: Diabetes; Cushings; Addisons** \_\_\_\_\_

PET NAME: \_\_\_\_\_ DATE IN: \_\_\_\_\_ DATE OUT: \_\_\_\_\_

OWNERS WITH MULTIPLE PETS: My pets can board together \_\_\_\_\_, Must board separate but can go out together \_\_\_\_\_, May board together but must eat separate \_\_\_\_\_, Must be kept separate \_\_\_\_\_

EMERGENCY TELEPHONE #: \_\_\_\_\_

ITEMS LEFT: *GIVE BRIEF DESCRIPTION: COLOR, SIZE, TYPE, ETC.*

COLLAR/LEASH \_\_\_\_\_

BEDDING/BLANKET \_\_\_\_\_

CARRIER \_\_\_\_\_

TOYS \_\_\_\_\_

TREATMENTS REQUESTED / REQUIRED DURING STAY: \_\_\_\_\_

MONITORING/OBSERVATION REQUESTED DURING STAY \_\_\_\_\_

***THERE WILL BE A SMALL MONITORING FEE APPLIED TO BILL***

MEDICINES: \_\_\_\_\_ AM DOSE: \_\_\_\_\_ PM DOSE: \_\_\_\_\_

AM DOSE GIVEN TODAY? \_\_\_\_\_ PM DOSE GIVEN TODAY? \_\_\_\_\_

***THERE WILL BE A SMALL MEDICATION ADMINISTRATION FEE APPLIED TO BILL***

FOOD: AHC KENNEL \_\_\_\_\_ *or* OWN FOOD/BRAND \_\_\_\_\_

***ALERT* : PLEASE LIST ANY FOOD ALLERGIES** \_\_\_\_\_

FEED \_\_\_\_\_

ONCE DAILY: AM \_\_\_\_\_ PM \_\_\_\_\_ ***OR*** TWICE DAILY: \_\_\_\_\_ ***OR*** THREE TIMES PER DAY: \_\_\_\_\_

PET HAS BEEN FED TODAY: **ONCE** / **TWICE** / **ALL MEALS** (*PLEASE CIRCLE ONE*)

BATH: YES \_\_\_\_\_ NO \_\_\_\_\_ WHAT TYPE OF BATH? FNC \_\_\_\_\_ MEDICATED: \_\_\_\_\_

I UNDERSTAND & AGREE TO THE FOLLOWING:

- a) IF MY PET IS DIABETIC, OR REQUIRES EXTENSIVE CARE WHILE HERE, IT WILL BE CONSIDERED AND PRICED OUT AS HOSPITALIZATION
- b) ALL PETS TO BE BOARDED MUST BE UP CURRENT ON ALL REQUIRED VACCINATIONS (CANINE: DHLPP, PV, RV, BORDATELLA) (FELINE: FVRCP, RV) AND BE FREE OF FLEAS & TICKS, OR THEY WILL BE TREATED UPON ADMISSION AT MY EXPENSE.
- c) I KNOW THAT ALL PRECAUTIONS WILL BE USED TO PROTECT MY PET AGAINST INJURY, ESCAPE, OR DEATH. THE HOSPITAL AND ITS STAFF WILL NOT BE HELD LIABLE FOR PROBLEMS THAT DEVELOP, PROVIDED REASONABLE CARE & PRECAUTIONS ARE FOLLOWED.
- d) I UNDERSTAND AND AGREE THAT ANY PROBLEM THAT DEVELOPS WITH MY PET WILL BE TREATED BY THE VETERINARIAN AND I TAKE FULL RESPONSIBILITY FOR ALL TREATMENT EXPENSES INVOLVED.
- e) THE CLINIC IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO PERSONAL ITEMS LEFT WITH THE PET. THIS INCLUDES, BUT IS NOT LIMITED TO BEDDING, TOYS, COLLARS & LEASHES. I ALSO UNDERSTAND THAT TREATS ARE NOT DISPENSED ROUTINELY.

THIS FORM HAS BEEN EXPLAINED TO ME AND I AGREE TO ALL THE ABOVE

SIGNATURE) \_\_\_\_\_ STAFF INT: \_\_\_\_\_