

Kennel Boaring Consent Form

Owner.
Patient

Date:

Feeding and/or special instructions:

Cups/Cans (6 oz or 14 oz) time(s) daily.

Did your pet eat today? YES NO

Did you bring your pet(s) food? YES NO

Is your pet on any medications? YES NO

If yes, please list medication(s):

Name:	mg:	How many times a day?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other services while boarding:

Bathing before departure (nail trim and era cleaning is part of the service; anal sac expression, if needed, is charged seperately as a hospital procedure and will be done by a doctor):

YES or NO

Lastly, should Walk-IN require medication while boarding, there will be additional fee of \$4.00 per day.

Owner/Agent's Signature:

Date:

__/__/__

Phone number(s) and/or emergency number where you can be reached:

**Bellingham Animal Hospital, PC
112 Mendon St Bellingham, MA 02019**

Kennel Boarding Consent Form

Owner:

Date:

Address:

Phone(s):

Patient:

Date of Birth:

Breed:

Sex:

Color:

I am the owner or agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize boarding of my pet.

Admittance date: 05/19/2017 **Exit date:** 05/19/2017

I authorize and direct the veterinarians of Bellingham Animal Hospital, PC such diagnostic and/or treatment procedures as deemed advisable and or necessary for my pet, Walk-IN while boarding, including updating of all necessary vaccinations.

I also authorize the use of appropriate procedures and medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian in case of emergency when I cannot be reached immediately.

I understand that if Walk-IN requires any extra care while boarding, a daily "extra care fee" will apply.

Please initial

I agree to pay, in full, for services rendered, including those deemed necessary for medical and/or otherwise unforeseen circumstances. All Services are strictly cash, credit card, or check and **Must Be Paid Before Walk-IN Is Released.** I have read and understand this authorization and consent and acknowledge a copy of this form requested.

**Bellingham Animal Hospital, PC
112 Mendon St Bellingham, MA 02019**