

Dominion Animal Hospital

BOARDING CONSENT FORM

Owner's Name _____ Date _____

Pet's Name _____

Telephone number where you can be reached if necessary:

(____) _____ - _____

I am the owner or agent for the above described animal and have the authority to execute this consent. I have been advised that current vaccines, a negative flea exam and a yearly stool check are required for admission. I assume full financial responsibility for any updates of treatments necessary to meet these requirements. I understand that my pet needs the following vaccine(s) and/or tests done:

I understand that all reasonable precautions will be taken against illness or injury to my pet, and Dominion Animal Hospital will not be held liable or responsible. If a pet becomes ill or is deemed to be an emergency and the owner cannot be reached will be treated as the doctor determines appropriate. If medications are necessary for treatment or handling, the doctor will administer such medications. All applicable fees for such procedures will apply.

If during a routine exam your pet is found to have any non-emergency, non-contagious health concerns, these will be treated as the doctor determines, (e.g., skin infection, ear infection, wounds).

Yes _____ No _____

Please check one:

To the best of my knowledge my pet is healthy and has no medical problems

My pet has the following medical problem(s) which need to be addressed this visit:

My pet has medical conditions for which he/she is already under treatment.

My pet will be boarding until: (Date) _____ AM ___ PM

My pet is taking the following medications: _____

Feeding schedule: _____

Please note that we cannot be responsible for any belongings left with your pet.

I have read and understand this authorization and consent:

Signature _____ Date _____