

BOARDING CONSENT FORM

-I will not hold Thunderbird Veterinary Hospital (TVH) responsible for conditions that are unavoidable in boarding kennels including but not limited to: weight loss or gain, hair loss, upper respiratory infection, bronchitis, diarrhea, intestinal parasites, and flea/tick infestation.

_____ (initial)

-I understand all pets admitted to TVH must be free of internal and external parasites. If not, the animal will be treated on discovery at the owner / agent's expense. If vaccinations were performed elsewhere, I will provide written documentation of rabies vaccination administered by a licensed veterinarian. _____ (initial)

-I understand that not all "kennel cough" infections are preventable, even with routine vaccinations. I will not hold TVH liable in the event that my animal contracts "kennel cough" before, during or after visiting our boarding facility. _____ (initial)

-I understand that in the event of any sudden or new illness, TVH will immediately attempt to contact me or my agent to discuss the problem and treatment options. If the emergency contact listed below is not available, the clinic is authorized to initiate appropriate treatment until myself or my agent can be reached. _____ (initial)

-In case of fireworks &/or thunderstorms, I authorize the medical staff to administer sedative medication to my animal. YES _____ (initial) NO _____ (initial)

-I understand that TVH is not responsible for loss or damage to personal items left with my animal including but not limited to leashes, collars, harnesses, toys, and bedding. _____ (initial)

-I agree to pay, in full, all charges for necessary services rendered to my animal. TVH is to use all reasonable precautions against injury, escape, or death of my animal. TVH and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. _____ (initial)

Should an emergency arise, I authorize the medical staff to sedate, medicate, hospitalize and/or perform such emergency procedures as may be necessary for the health of my animal until I or my agent can be notified.

YES, treat my animal in an emergency _____ (initial)

NO, do not treat my animal in an emergency, aka DNR _____ (initial)

Date: _____ Owner / Agent: _____

Emergency contact that is able to be reached during boarding stay:

Name (print): _____ Phone: _____

Admitting Technician Initials: _____

BOARDING CHECK-IN FORM

Client Name: _____

Address: _____

City, State: _____ Zip: _____

Patient: _____ Sex: M/F Neutered: Y/N

Species: _____ Breed: _____ Color: _____

Is your pet on heartworm prevention? Y / N If so, what type? _____

Is your pet on flea/tick prevention? Y / N If so, what type? _____

Any vomiting, coughing, sneezing, diarrhea in the last 48 hours? Y / N If so, please describe:

Has your pet had any illness or injury in the past 30 days? Y / N If so, please describe:

Food Type: kennel / own food Feeding Amount: _____ Frequency: _____

Current Medication	Next Dose Due	Frequency of Administration

Do you have any concerns for the veterinarian? Y / N (Note: exam fee of \$49.00 will be assessed for a DVM exam) _____

Pick up date: _____ Time: _____ Bath before pickup? Y / N (additional fee)

Client Signature: _____ Date: _____