

 Concordia Veterinary Clinic

Boarding Consent

Phone # where **you** can be reached while pet is boarding:

Date in       Date out

\*Emergency contact if we cannot reach you at the above phone number. This is a designated agent (friend or relative) who can be contacted in the unforeseen event of any emergency.

Name

Phone number:

(If you would like to leave a familiar blanket or toy you are welcome to do so. While we make every effort to take care of any items left with your pet while boarding here, these items are subject to being lost, soiled, or damaged.)

If you would like other services to be performed on your pet while they stay with us let the reception staff know at time of check in.

List any medications to be given (**Additional charge for medication given)**

1. To be given at:       AM       PM
2. To be given at:       AM       PM
3. To be given at:       AM       PM

Payment is required when pet is released. Pets will not be released to anyone except the owner or to a designated person listed:

ALL DOGS must have verifiable current status of Rabies, Parvo/Distemper and Kennel Cough immunizations.

ALL CATS must have verifiable current status of FVRCP and Rabies immunizations.

*\*Immunizations that cannot be verified at the time of admission will be given to the pet at the owner’s expense.*

Immunizations Needed: [ ]  Rabies [ ]  Parvo/Distemper [ ]  Kennel Cough [ ]  FVRCP

To keep our facility clean and safe, all animals entering the clinic must be free of external AND internal parasites (fleas, ticks, worms). If any of these are found, they will be treated at the owner’s expense.

ALL DOGS MUST HAVE COLLARS ON so they can be safely handled by staff.

**Pets can be checked in and checked out for boarding Mon-Fri 7:30-5:30 and Saturday 8:00-12:00pm**

Boarding Fees Per Day

Dog $18.75(No daily medications given by staff) $22.75(Medications administered daily)

Cat Condo $17.75(No daily medications given by staff) $21.75(Medications administered daily)

Full day of boarding fee charged on the day of check in.

Half day of boarding fee charged if checked out BEFORE NOON.

Full day of boarding fee charged if checked out AFTER NOON

**CONTINUED ON BACK**

Reasonable care will be given to guard against injury or escape. The clinic and staff will not be held liable for accidents given that reasonable care and precautions are followed. I understand that any injuries will be treated by staff/veterinarians to stabilize my pet and I will be contacted as soon as possible. I will assume full financial responsibility for the treatment expenses.

I have read and understand this consent form and agree to the terms stated within it.

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Owner/ Designated Agent Signature Date

**For clients that board with us on a regular basis, for your convenience you can review the information from previous check-in date and update any information that has changed.**

 I have read and understand this consent form and agree to the terms stated within it.

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