



# Boarding Consent Form



<b>Owner:</b> <b>Client Number:</b> <b>Phone:</b> <b>Cell:</b>	<b>Patient:</b> <b>Breed:</b> <b>Sex:</b> <b>Color:</b>	<b>Age:</b> <b>Weight:</b>
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Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Boarding Bath (\$15.00) Yes / No (pick up after 3pm if bath is requested) Play Time 15 minutes/day (\$8.00) Yes / No

### Patient Diet & Feeding Schedule

Last Meal Fed: Yesterday / Today AM / PM  Own Food or  Kennel Food (Hill's Sensitive Skin & Stomach):

Amount to feed/meal \_\_\_\_\_ (cup(s)) How Often: AM/ PM/ Both

Special Instructions: \_\_\_\_\_

\* Patients food should be in small bags or containers, labeled with pets name on it. Bring enough food for the entire stay plus 1-2 additional days.

### Medications Needed:

\*\*Medications MUST be brought in the original prescription bottle, with a label. A daily administration fee of \$3.25 is charged. **DO NOT MIX MEDICATIONS IN FOOD BAGS**

Medication Name	Frequency of Dose	When was last dose given?
1.		
2.		
3.		
4.		
5.		

Patient's Belongings: (including quantity of food bags) \_\_\_\_\_

### VACCINATIONS AND FLEA/TICK/PARASITE INFESTATION

\_\_\_\_\_ (initials) I understand that if my pet is not current on vaccinations, he/she will be administered any necessary vaccinations upon entrance to the clinic at my expense. I also understand that if my pet has parasites present he/she will be treated as soon as he/she arrives and at my expense.

**Veterinary Services Requested While Boarding:** \_\_\_\_\_

In the event of an illness or emergency, if I cannot be reached I authorize Brazos Bend Animal Hospital to:

- \_\_\_\_\_ (initials) Do whatever is medically necessary to treat my pet
- \_\_\_\_\_ (initials) Do whatever is medically necessary, but please keep the cost below **\$150.00**
- \_\_\_\_\_ (initials) Do whatever is medically necessary, but please keep the cost below **\$300.00**

I approve bedding to be used in my pets kennel while boarding (towels, blankets, padding) \_\_\_\_ Yes \_\_\_\_ No

I give BBAH authorization to administer an all-natural anti-stress supplement (Solliquin) if my pet becomes nervous or stressed .  
Please initial one: \_\_\_\_ YES \_\_\_\_ NO {Cost: \$1.50 per day}

I hereby certify that I am the owner or authorized agent for the owner of the above named animal and I am over the age of eighteen. In the event a problem arises I hereby authorize Brazos Bend Animal Hospital and its staff to use all reasonable precautions against illness and injury. In the absence of negligence, I agree to hold these parties harmless for the absence of response to treatment or any ill effects experienced by my pet. **Brazos Bend Animal Hospital is not responsible for any escalation or acute presentation of symptoms reflected by any underlying and/or pre-existing disease process(es).**

**I have read the foregoing and agree.**

Signed: _____	Date: _____
Printed Name: _____	Email: _____
Phone Number: _____	Alt Number: _____

Preferred method of contact:  Call  Text  Email