

BRENTWOOD ANIMAL HOSPITAL, INC
Boarding Consent Form

Owner/Responsible Party: _____ Date: _____

1] I request that Brentwood Animal Hospital Inc and staff care for and/or treat my pet(s),

_____ as follows:

(State Name of Pet / Pets)

BOARD DATES: _____

2] I understand that I must provide proof of current vaccinations: distemper-parvo-corona, Bordetella and rabies for dogs; distemper, leukemia and rabies for cats. Otherwise, the vaccines will be given at my expense. If my pet has fleas, worms, or other parasites, I authorize treatment at my expense.

3] I will pay all fees before my pet is released from the facility.

4] I authorize whatever treatment is necessary in case of emergency up to: \$ _____

5] I can be reached at the following phone numbers:

Home: _____

Work: _____

Cell: _____

Emergency: _____

Please select "yes" or "no" for the following medical questions:

My pet was seen by a veterinarian in the last 3 months YES NO

My pet has allergies and/or reactions to medication(s): YES NO

My pet has special dietary needs: YES NO

My pet is now or was on medication in the last 90 days YES NO

Please detail any "YES" answers on the back of this form

Signature of Owner or Responsible Agent

Print Name

Address

City, State, ZIP

We do not allow boarding of pets until at least 12 weeks after they have completed their initial vaccine series.

Intact male dogs and female dogs in heat are not a good mix in a boarding facility. We urge all clients to spay and neuter their pets.

Pets may be denied boarding if they are ill, medically at risk, or otherwise unsuited for boarding. Hospitalization (at a higher fee) may be an option.

I would like to have a microchip installed YES NO
SPECIAL PRICE: \$100 (regularly \$205) includes LIFETIME registration.

I understand if my pet becomes ill or incurs an injury, every effort will be made to contact the Owner or Agent. If the Owner or Agent cannot be contacted or if the veterinarian determines it is an emergency situation that requires immediate attention, Brentwood Animal Hospital Inc will institute appropriate medical treatment at owner's expense (see #2 on other side).

I understand and agree that Brentwood Animal Hospital Inc is not responsible for the loss or damage of my pet's personal belongings.

I understand I must have my bill fully paid before my pet will be released. If another party is picking up my pet, I authorize that party to do so.

While Brentwood Animal Hospital Inc will work ceaselessly to ensure your pet is kept clean and sanitary, we recommend grooming before you pick up your pet.

I request the following for my pet:
 GROOMING (starting @ \$70) NAIL TRIM (\$13 - \$20) NAIL BUFF & SMOOTH (\$20 w/ groom, \$25 w/o)
Fees for these services depend on the pet's size. Please ask for an estimate for the services you would like.

Emergency contact name and telephone in case we cannot contact you, the Owner / Agent.

Name: _____ Phone: _____

Brentwood Animal Hospital Inc is not staffed 24-hours per day. Our practice is not staffed outside of our regular business hours. While staff care for pets outside of regular business hours, they are not present at all times.

SIGNATURE OF OWNER OR DESIGNATED AGENT

Check-in employee initials

PRINT NAME

Address

City, State, ZIP Code

Current Phone

Please detail any concerns and / or any "YES" replies from the front of the form here:

Check this box if there is an attachment instead with detailed / complex instructions → and describe the attachment