

Angelina Animal Hospital, LLC



Boarding Consent Form

Pet Owners Name: _____ Pet's Name: _____

Date of Drop-Off _____ Date of Pick-Up _____

Emergency Contact Information: Name: _____ Phone: _____

I understand that my pet must be current on all vaccinations prior to boarding. If proof of vaccinations is not presented at the time of boarding, the vaccinations will be given and I, the pet owner _____ will be charged for those services.

If my pet becomes ill or an emergency arises, I authorize ANGELINA ANIMAL HOSPITAL to perform diagnostics and treatment medically necessary for the health and comfort of my pet during boarding. If the charges for these services exceed \$50, every attempt will be made to contact me. However, services will NOT be withheld if I am unreachable. For charges, less than \$50, no attempt to contact me will be made. I will be financially responsible for the services rendered.

Please List any medications and heartworm preventative your pet will need while boarding:

MEDICATION NAME	DOSAGE	TIMES PER DAY	IS THIS AN RX?

There will be a \$5 daily charge for the administration of medication added to the boarding charge.

Would you like your pet bathed prior to being picked up? The charge of baths is \$20. (circle one) Y / N

Pets boarded over 5 days will be given a complimentary bath.

Will your pet have food from home left with them to board? Y / N (circle one) If yes, please complete box below.

Canned Food-Name:	SID / BID/ TID (circle)
Wet Food-Name:	SID /BID / TID (circle)

SID=1X DAILY/ BID=2X DAILY/ TID=3X DAILY

Will you be leaving your pet with their own personal bed, blankets, toys, leashes /collar? Y / N (circle One)

If so, please list the items to be left: _____

By signing this form, I acknowledge that I have read and understand all the above information and agree to the terms.

Signature of pet owner/responsible party: _____ Witness: _____