

Spears Animal Hospital Boarding Consent Form

Last Name: _____ Pet: _____ Date: _____ Receptionists Initials: _____

For your pet's health, as well as for all other boarders' health, pets admitted to Spears Animals Hospital are **required to be free of fleas and ticks and current on rabies and distemper vaccines (plus bordatella for dogs)**. If fleas or ticks are found, fleas/tick prevention will be given. **Proof of vaccinations must be provided by the time of admittance** or vaccinations will be administered by the veterinarian. Initials _____

If any contagious or life-threatening health problems, including intestinal parasites, occur during your pet's stay, your pet will be treated at the veterinarian's discretion. Initials _____

Routine disorders (i.e. skin disorder, ear infections, dirty ears, long nails, etc.) may be found during your pet's stay. The veterinarian would like to ensure your pet's comfort by treating these conditions if necessary.

Do we have permission to treat your pet? (Please circle) Yes Call First No

We may periodically post your pet(s) on Facebook or Instagram while your pet is boarding.

Do we have permission to photograph and post pictures of your pet? (Please circle) Yes No

We would be happy to medicate your pet while boarding. (Please ask the receptionist for the cost of this service)

Name of medication: _____

When is medication given? _____

How many are given at each dosing? _____

When was the last dose? _____

Please check any services that you would like to be done while your pet is boarding:

- Clean Ears Clean Eyes AVID Microchip Nail Trim Heartworm Test
 Fecal Test (Firm Stool) Express Anal Glands Flea/Tick Prevention

Please feel free to bring in toys and bedding for your pet's comfort during his/her stay. Dog toys and rawhides less than 5" in diameter are not permitted as they may clog the kennel drains.

Please list all items that you are leaving for your pet while boarding (with detailed descriptions, i.e. color): _____

Any Special feeding instructions? _____

Any food allergies? (Please circle) Yes No

Was your pet fed this morning? (Please circle) Yes No

If your pet is admitted before 10 AM and has not yet eaten, we will feed your pet.

Treats from home? (Please circle) Yes No **Feeding instructions for treats:** _____

Overnight boarders will be given 1 morning and 1 afternoon and 1 evening complimentary outdoor walk each day for exercise/bathroom breaks. Partial day boarders will receive 1-2 complimentary outdoor walks during their stay. You may request additional walks at a cost of \$2.75 per additional walk, per dog, per day.

Total number of outside walks per day (including free walks): _____ Initials _____

A complimentary flea bath (dogs only) will be given the morning of your scheduled pick-up date (Partial day boarders excluded).

Do you want this bath? (Please circle) Yes No

Pick-up date for your pet: _____ **Day of Week:** _____ **Date:** _____

If anyone other than you may be picking up your pet, please list their name(s):

Signature of Owner/Authorized Caretaker of pet: _____

An emergency phone number where you can be reached: _____