Boarding Consent Form

Owner's Name: _____   **Pet's Name**: _____

Admission Date: _____   **Discharge Date**: _____

Vaccinations required by Twin City Veterinary Clinic:
<u>Dogs:</u> **Distemper, Parvo, Bordetella, Rabies**   <u>Cats:</u> **DRTC, Rabies**

All pets admitted into the hospital must be current on their vaccinations and must be free of external parasites. If proof of vaccinations cannot be produced, we reserve the right to refuse boarding or we will be required to vaccinate your pet at your expense. Capstar is an oral flea treatment and will be given to every well pet spending time in the kennels.

Twin City Veterinary Clinic and staff will **not** be held liable for any problems that develop while the pet(s) of the undersigned are being boarded in our kennel. In case of illness or injury, I, the undersigned as the responsible party for this pet, do hereby give my consent for the doctors to treat, prescribe and/or operate on my pet(s) while they are being boarded at Twin City Veterinary Clinic. While the doctor/staff will make all efforts to inform the responsible party before any treatments or procedures are performed, you, as the undersigned **ASSUME FULL RESPONSIBILITY** for the treatment expenses involved.

Belongings: _____

Medications: _____
There will be additional charges for medications given per day.

Feeding Instructions: In-house / Own food   *Type:* _____

                                   Frequency: SID   BID   Free Feed   other _____

_____

<u>**Preferences:**</u>

   ➢ I would like my pet <u>bathed</u> on the day I am scheduled to pick up.   **Initials** _____

   ➢ I would like my pet to have <u>blankets/towels</u> in the kennel and do not hold TCVC liable for any injury or possible ingestion from bedding materials.   **Initials** _____

   ➢ If my pet is an <u>intact male canine</u> (>35 lbs), I give permission for him to board in a run and understand the chances of irritation to the scrotum from the flooring being concrete.
   (If no blankets are allowed, this is not an option)   **Initials** _____

I have read and understood the above information and agree.

_____   _____ _____
Signature of owner/representative   Emergency contact number   Date