

# BOARDING CONSENT FORM



CARMEL VALLEY  
VETERINARY HOSPITAL  
(831)659-2286

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Breed: \_\_\_\_\_  
City: \_\_\_\_\_ Sex: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Admission Date \_\_\_\_\_ Expected Pick-Up Date \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ AM/PM

## Whom shall we call in case of emergency?

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

How much and how often would you like us to feed your pet? \_\_\_\_\_

Personal items left with pet: \_\_\_\_\_

- I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Carmel Valley Veterinary Hospital, their agents or representatives, full and complete authority to provide boarding care for said animal.
- I also consent to and authorize the use of appropriate medical procedures and treatments that may be considered therapeutically and/or diagnostically necessary (including therapeutic bathing and use of flea products in order to control fleas) in the veterinarian's professional judgment. In cases where destructive behavior or excessive barking is exhibited, the use of sedatives may be necessary.
- I understand that all boarding pets are required to be current on flea prevention. If my pet is not current on flea prevention, I consent to and understand treatment will be provided for an additional fee.
- I understand that a late check-out fee (equal to a day board fee) will apply if check-out is after 12:00 pm.
- I understand if special requests are not able to be met, that I can schedule an appointment to see a doctor before or after boarding.
- I understand that Carmel Valley Veterinary Hospital and their agents are not responsible for any damage to personal items left during boarding (bedding, leashes, toys, etc.). I understand that if such damage is noted, staff will immediately remove personal items, and hold until pick up.
- I also understand there is no one on the premises after hours.

Owner's Signature \_\_\_\_\_ Staff initials \_\_\_\_\_

Additional services to be performed during boarding: \_\_\_\_\_