

Boarding Consent Form

Owner’s Name: Pet’s Name:

Owner’s Address: Owner’s Phone Number:

Arrival Date: Departure Date:

**Vaccinations**

Rabies: Distemper: Bordetella: Feline Leukemia:

\*For your pet’s health, as well as for all other boarders’ health, pets admitted to Riverstone Animal Hospital for boarding are required to be free of fleas and ticks and current on rabies and distemper vaccines (plus Bordetella for dogs). If fleas or ticks are found during your pet’s stay, flea/tick prevention will be given. If any contagious or life-threatening health problems become apparent during your pet’s stay with us, your pet will be treated at the veterinarian’s discretion.

**Medications**

We would be happy to medicate your pet during their stay at Riverstone Animal Hospital. An additional fee of $3/day will be assessed for medication administration.

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| --- | --- | --- | --- |
| Name of Medication | How often is it given? | What time of day? | When was the last dose? |
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**Feeding**

Riverstone happily provides food for all of our boarders during their stay. The food provided is a diet formulated to be gentle and palatable. However, if you would like to bring your own food, we would be glad to feed your pet according to your specifications. Please note your preferences below.

❑ Please provide food for my pet ❑ I will provide food for my pet

How much food? How often?

**Additional Services**

Is there anything else we can do for your pet during his/her stay? Please check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ Nail Trim ($10) | ❑ Anal Glands ($12) | ❑ Flea/Tick Prevention | ❑ Heartworm Test ($20) |
| ❑ Fecal Check ($15) | ❑ Clean Ears ($20) | ❑ Microchip ($35) |  |

**Personal Items *(please list all personal items, including beds, leashes, toys, etc.):***

I hereby authorize Riverstone Animal Hospital to perform any medical treatment necessary for the immediate health of my pet during the boarding period. I also agree to the aforementioned terms and am aware that I am responsible for any charges incurred while my pet is in the care of this facility.

Owner or Authorized Agent Signature:

Emergency Contact Info: