

Boarding Consent Form

Boarding Pick-Up and Drop-Off Times

Monday-Friday: 8:00 a.m. – 6:00 p.m.

Saturday: 8:00 a.m. – 4:00 p.m.

Sunday: 8:00 a.m. – 12:00 p.m.

OWNER: _____

PET'S NAME: _____

DATE OF PICK-UP: _____

TIME OF PICK-UP: _____

Emergency Contacts (*Two people we can contact who WILL NOT be with you while you are away*):

Call 1st	Call 2nd
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:

****Boarding Rates Are Determined by Animal Species & Weight****

****These Rates DO NOT include Medical Care or Clean-Ups Needed While Boarding****

SPECIAL INSTRUCTIONS:

Bathing and Clean-Up Charges

I request a bath

I understand that my pet will be cleaned up if soiled, and that I will be charged accordingly.

(Signature of legal owner or responsible person)

(Date)

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- If tranquilization / sedation is necessary for treatment or handling of my pet, I give my permission for Montgomery Animal Hospital to administer such medication(s). I understand that there is a charge for such medications.
- All Animals entering Montgomery Animal Hospital **MUST** be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.
- I authorize Montgomery Animal Hospital to treat my animal should he or she develop a medical problem while boarding, and I agree to pay for all exams and treatment services rendered.
- I agree to contact Montgomery Animal Hospital if I am unable to pick up my pet as scheduled.
- I agree to pay in full for all services rendered by Montgomery Animal Hospital and to pay for those services at the time of discharge.
- **PETS ARE RELEASED ONLY DURING REGULAR HOSPITAL HOURS.** If I neglect to pick up my pet within 10 days of the scheduled date, Montgomery Animal Hospital may assume that my pet has been abandoned and may arrange for disposal of my pet in any way deemed necessary. Should I abandon my pet, I understand that I am liable for all charges incurred, that I will be reported to the authorities, and that I may be subject to prosecution.
- I understand that **DISCHARGE TIME IS 9 AM**, and that an additional day of boarding may be assessed for all animals picked up after that time.

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(Signature of legal owner or responsible person)

(Date)

What number can you be reached at while you are away?

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Medications

NAME	DOSAGE	AMOUNT/FREQUENCY

Belongings

ITEM	ITEM DESCRIPTION (COLOR, SIZE)
1.	
2.	

Pet's Name:

Feeding Instructions

Our in-house diets are Purina EN prescription dry food and Purina ProPlan canned food. We can feed your pet either of the two or a mixture of dry and canned.

Check here if your pet will be fed our in-house diet.

Check **ONE** of the following boxes and indicate how much and how frequently you feed. (cups, tablespoons, etc.)

Dry Food Only ___ cup(s) ___ times a day

Wet Food Only: ___ can(s) ___ times a day

Both Wet and Dry Food: ___ cup(s) of dry food mixed with ___ can(s) of wet food ___ times a day.

Check here if you are providing your pet's food during their stay.

Note: All food is to be labeled with your pet's First and Last Name with a permanent marker.

Food Brand: _____

How many individual bags of dry food have you brought in? _____

How many cans of wet food have you brought in? _____

AM Feeding: Feed ___ bags of dry with ___ can(s) of wet.

PM Feeding: Feed ___ bags of dry with ___ can(s) of wet.

DIETARY RESTRICTIONS (Allergies, Prescription Diet Foods, etc.):

Have you noticed any of the following over the past month?

1. Vomiting: **YES/NO**
2. Diarrhea: **YES/NO**
3. Coughing: **YES/NO**
4. Sneezing: **YES/NO**
5. Limping: **YES/NO**
6. Loss of appetite: **YES/NO**
7. Increased appetite: **YES/NO**
8. Other (***Please explain here***):

