

## Boarding Consent Form (EXOTICS)

### 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\***

1. How much do you feed your pet per meal? (Please be as specific as possible):

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2. How often should the litter/bedding be changed?

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3. Should all the litter/bedding be changed each time or just "spot" cleaned?

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4. Other Information:

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**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)*

**Medications**

NAME	DOSAGE	AMOUNT/FREQUENCY

**Belongings**

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

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***):

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