

**Montgomery Animal Hospital**  
827 Bethlehem Pike  
Flourtown, PA 19031  
(215) 233-3958

**Boarding Consent Form**

Client ID:  
Client  
Name:  
Address:

Telephone:

Patient ID:  
Name:  
  
Species:  
Sex:  
Color:  
Markings:  
Birth Date:

DATE & TIME OF PICKUP : \_\_\_\_\_

Boarding Rates Are Determined By Animal Species & Weight  
These Rates DO NOT Include Medical Care

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SPECIAL INSTRUCTIONS : \_\_\_\_\_

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Bathing and Clean Up Charges Are Determined by Animal Species & Weight

I request a bath (Canine patients only)  I request a nail trim

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

Date:

*(Signature of legal owner or responsible person)*

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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 will be handled at Montgomery Animal Hospital's discretion. 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.

Date: \_\_\_\_\_

*(Signature of legal owner or responsible person)*

**What Number can you be reached while you are away?**

\_\_\_\_\_

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DATE AND TIME OF PICKUP: \_\_\_\_\_

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 place a numerical value on the subsequent lines:

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? \_\_\_\_\_

Feed \_\_\_ individual bag(s) of dry food mixed with \_\_\_ can(s) of wet food \_\_\_ times a day.

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.):

\_\_\_\_\_  
\_\_\_\_\_

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**MEDICATIONS BROUGHT FROM HOME**

Client  
Name:

Name:

Name of Medication	Strength	Dosage	When last given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ITEMS BROUGHT FROM HOME - PLEASE LIST BELOW:

**Note: Only two items (in addition to your pet's food, if applicable) can be brought in for boarding. Label all items with your pet's first and last name in permanent marker:**

Item	Item Description (Color, Size)
1.	
2.	

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

Vomiting: **YES/NO**

Diarrhea: **YES/NO**

Coughing: **YES/NO**

Sneezing: **YES/NO**

Limping: **YES/NO**

Loss of appetite: **YES/NO**

Increased appetite: **YES/NO**

Other (**Please explain here**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_