



Boarding Consent Form

Client's Name: _____ Pet's Name: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Date of Drop-Off: _____ Time of Drop-Off: _____

Date of Pick-Up: _____ Time of Pick-Up: _____

Type of Food: _____

Feeding Amount: _____ cups / cans Feeding Frequency: _____ times per day

Date of last flea medication application: _____ Type: _____

If your pet is on any medications or needs heartworm or flea and tick medication during their stay, please provide detailed instructions below. (Continue on back if necessary.)

Please list any items that you are leaving with your pet: _____

There are no staff members in the facility overnight. Staff members will come in Saturday evening, Sunday morning, and Sunday evening while the office is closed to care for your pet.

If fleas are found on your pet, flea medication will be applied and charged to your bill.

If your pet is not current on vaccines, vaccines will be administered and an exam must be performed. Exam and vaccination charges will be added to your bill.

If your pet becomes ill during their stay, we reserve the right to diagnose and treat your pet as deemed necessary by the doctor at The Visiting Vet. You will be contacted immediately about your pet's condition and to discuss treatment options. Treatment will be added to your final bill.

I have read and understood the above information.

Client Signature

Date