

# Bridgerland-Cache Animal Hospital Boarding Consent

**\*\*For your convenience, DROP OFF and PICK UP are between 8 am to 5 pm Monday through Friday and 8 am to 1 pm Saturday. \*\*Pick up and drop off outside of those hours incur additional fees.**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number to Call During Boarding:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*I authorize my Emergency Contact to make medical and financial decisions in my absence\*\***

Initial if YES \_\_\_\_\_

**HEALTH:** To protect the health of your pet and the hospital's patients, all pets boarding at BCAH must be current on required vaccinations, with proof of vaccination. If they are not current, these services will be performed upon admitting at the owner's expense. A routine physical exam is required with vaccinations.

\_Pets are current within 1 year. Records at: \_\_\_\_\_

\_Please update: \_\_\_\_\_ **Dogs:** Rabies, DA2PP, Bordetella **Cats:** Rabies, CVRC, FeLV

**ILLNESS:** If your pet becomes ill or requires medical attention while boarding with us, they will be examined and treated by a veterinarian at the owner's expense. **We will attempt to contact you prior to performing services.**

**I would like the following services done while my pet is boarding at the Hospital:**

\_Nail Trim Bath (Preferred Date): \_\_\_\_\_

\_Extra Walking (Charged Per Day): # \_\_\_\_\_ *\*Our hospital reserves the right to refuse to walk aggressive pets.*

\_Examination

for: \_\_\_\_\_

\_Surgery

for: \_\_\_\_\_

\_Dental Cleaning *\*please make sure you are available for contact on the scheduled day:*

\_\_\_\_\_

**FOOD:** Our regular boarding diet is **Science Diet**. You may bring your pet's usual food to be fed, if desired. Prescription diets must be supplied, or may be purchased from the hospital. Please list your pet's usual brand/type of food and typical feeding schedule:

Dry: \_\_\_\_\_ Amount per meal: \_\_\_\_\_ Frequency: \_\_\_\_\_

Wet: \_\_\_\_\_ Amount per meal: \_\_\_\_\_ Frequency: \_\_\_\_\_

Treats: \_\_\_\_\_ Quantity: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions:

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

**MEDICATIONS:** Please list any medications your pet is currently on. All medications must be properly labeled.

Time Last Given	Drug Name & Strength	Dosage Instructions
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

**PERSONAL ITEMS:** Please list and describe all personal items you have left with your pet today. We supply warm bedding, clean food & water dishes. We cannot be responsible for any damage to items left with your pet. Soiled bedding will be removed and washed. Bedding that is being damaged will be removed and hospital bedding provided, at our discretion.

_Dry/Wet Food	_Pet Bed: _____	Other: _____
_Treats	_Blanket: _____	_____
_Medication	_Leash/Collar: _____	_____
_Carrier: _____	_Toy(s): _____	

I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid for at the time the pet is picked up. I hereby release Bridgerland-Cache Animal Hospital of liability for injuries or illnesses that may occur during my pet's stay.

Owner/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_