



# Confederate Woods Veterinary Hospital

## Boarding Consent Form

Please be advised that all boarded pets must be current on their vaccines in order to board at our facility. We require proof of vaccines by a licensed veterinarian prior to admission to boarding. Special consideration may be given to those pets with either a documented history of vaccine reaction or if a medical condition exists whereby vaccinations are imprudent.

Dog license present? YES  NO  Tag Number \_\_\_\_\_

Drop Off Date \_\_\_\_\_

Pick Up Date \_\_\_\_\_

PLACE PATIENT  
LABEL HERE

### Health Status

Has your pet experienced any of the following symptoms in the past 2 weeks? **Please circle all that apply**

Coughing      Sneezing      Vomiting      Diarrhea      Loss of Appetite

### Feeding Instructions

Please note: Feeding amounts may be adjusted due to your pet's caloric needs while boarding.

1. Please circle your choice: Own Food / Hospital Stock
2. Please circle your choice: Canned / Dry / Canned and Dry
3. Please circle your choice: AM Only / PM Only / AM & PM

Feeding Instructions: \_\_\_\_\_

### Medication/Treatments/Special Accommodations

Does your pet require medication/ treatment while boarding? Yes / No

Medication Name/Dose \_\_\_\_\_ to be given (circle) AM Mid-Day PM

Medication Name/Dose \_\_\_\_\_ to be given (circle) AM Mid-Day PM

Medication Name/Dose \_\_\_\_\_ to be given (circle) AM Mid-Day PM

When was medication last given? \_\_\_\_\_

## Your Pet's Belongings

Please note: Confederate Woods Veterinary Hospital is not responsible for lost items.

If you've brought belongings, please circle (as appropriate)

TOYS   BLANKET/BEDDING   OTHER

Please provide a description of your belongings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Preventative Information

Current Flea/Tick Preventative: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Current Heartworm Preventative: \_\_\_\_\_ Date Applied: \_\_\_\_\_

## Consent to Treat

I understand that my pet will be checked for fleas and ticks before being admitted for boarding. If either is found I consent to have my pet treated at the doctor's discretion and for an additional expense.

Should my pet become ill during his/her stay at Confederate Woods Veterinary Hospital, I authorize the attending doctor to treat at his/her discretion until I can be reached for further consent.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinary Technician Initials: \_\_\_\_\_