

Countryside Veterinary Clinic

10432 Ridgefield Parkway ▪ Richmond, VA 23233

804-750-1694 Phone ▪ 804-741-6828 Fax

BOARDING CONSENT FORM

Owner's Name: _____

Pet's Name: _____

Emergency Contact Number: _____

I am the owner or agent of the animal named above and have the authority to execute this consent. I certify that I am 18 years of age or older. By signing this consent form, I understand and agree to the following terms:

1. For the safety of our staff, your pet, and other boarding pets, we require all pets staying with us to be current on the following vaccinations:

Dogs

Rabies (1-3 years)
Distemper (1-3 years)
Parvovirus (1-3 years)
Bordetella (6 months)

Cats

Rabies (1-3 years)
Distemper Combination (1-3 years)
Feline Leukemia – strongly recommended

If my pet does not meet these requirements, I authorize the doctor to administer the necessary vaccines at my expense. I understand that if the clinic hasn't seen my pet in the last year, or if my pet is new to the clinic, I will be charged an annual exam in addition to the required vaccines (\$45).

2. For the protection of all pets in the hospital, all boarding animals are treated with Capstar upon arrival. Capstar is a fast-acting flea treatment that will not interfere with any other flea medication you may be using. The cost of treatment (\$8) will be added to your final total.
3. If your pet becomes ill, we will call the emergency numbers listed above to discuss symptoms, treatment options and the associated additional costs. I understand that every reasonable effort will be made to contact me. If contact cannot be made, I authorize the attending doctor to perform any necessary medical treatment. In the event of a life threatening emergency, Countryside Veterinary Clinic reserves the right to immediately stabilize the above named patient until contact can be made.
4. Countryside is unable to accept medications to be administered while boarding in any container other than the original container or a container with prescription label affixed.
5. I will not hold Countryside Veterinary Clinic responsible for inadvertent loss or damage to personal items including but not limited to blankets, toys and leashes.
6. If I am unable to pick up my pet on the expected check-out date, I will inform the hospital as soon as possible.
7. I understand payment in full is due at the time of discharge. There will be a 1.5% finance charge added monthly to any unpaid balance over 30 days. (An APR of 18%.) I further agree to pay a Statement Handling Fee if \$3.00 for each invoice, which is generated monthly.
8. In the event any check given as payment on account is returned, a \$35.00 charge will be added to the account balance each time the check is returned.

I would like to have the following done to my pet while boarding: (please circle)

| | | | | | |
|-------------------------|-----|----|---|-----|----|
| Update Vaccines: | Yes | No | Refill heartworm preventative: | Yes | No |
| Pedicure: | Yes | No | Refill flea and tick preventative: | Yes | No |
| Bath: | Yes | No | Fecal Exam: | Yes | No |
| Anal Glands: | Yes | No | Heartworm Test: | Yes | No |
| Microchip: | Yes | No | | | |

Boarding Instructions

- 1) Clinic Food or Owner's Food: _____
We feed Royal Canin Low-Fat Gastrointestinal Diet
- 2) Does your pet have food allergies? _____ If so, what is your pet allergic to? _____
- 3) Amount of Dry Food _____ Amount of Canned Food _____
- 4) Number of times fed per day _____
- 5) Is your pet on any medications?

| Medication Name | Dosage to be Given | # of Times Given Per Day | Times to be Given |
|----------------------------|--------------------|--------------------------|----------------------|
| <i>Example: Cephalexin</i> | <i>250 mg</i> | <i>Twice daily</i> | <i>A.M. and P.M.</i> |
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- 6) Any other feeding instructions? _____
- 7) Any other medication instructions? _____
- 8) Personal belongings brought today: (Please Describe)
 - a. Leash _____
 - b. Bedding/Blankets _____
 - c. Toys _____
 - d. Carrier _____
 - e. Tote Bag _____
- 9) Would you like your pet groomed at Paws & Claws? Yes or No (Scheduled separately)

Signature of Owner: _____ **Date:** _____