

Westhampton Beach Animal Hospital

Boarding Consent Form

Client Information:

Name: _____

Address: _____

Phone: _____

Patient Information:

Name: _____

Species: _____ Breed: _____

Color: _____ Age: _____

Gender: _____ Weight: _____

RECEPTION ONLY

Does the patient need any vaccinations? If so, please select:

REQUIRED Annual Exam Rabies Distemper Bordetella Influenza Fecal

ELECTIVE Accuplex4 Lyme Lepto Leukemia (*feline*) Other _____

Owner/Representative Authorization:

DROP OFF DATE: _____ PICK UP DATE: _____

I understand that boarding is charged by the day, and not by the evening. If your pet is picked up prior to 3pm there will be no charge for that day. I understand that there is no exception to this rule.

_____ (*Initials Here*)

In case of illness or injury, I the undersigned, do hereby give my consent for the doctors of the Westhampton Beach Animal Hospital, to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Westhampton Beach Animal Hospital. They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, of safe keeping of my pet(s), as it is thoroughly understood, that I assume all risks.

Should the circumstance arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address above. Twenty (20) days after such written notice, the pet(s) will be considered abandoned. It is further understood that such action will not relieve me from paying all costs of your service, and the use of your hospital, including the cost of boarding.

HEALTH

In order to stay with us your pet must be current on their annual exam, required vaccines and fecal testing. If they are not we will need to bring them up to date prior to entering the facility. Required items are as follows:

Dogs: Annual Wellness Exam, Rabies, Distemper (*DA2P+CPV*), Bordetella, Influenza & Fecal

Cats: Annual Wellness Exam, Rabies, Distemper (*FVRCP*) & Fecal

In an effort to keep our hospital flea-free, we will treat your pet with an appropriate flea preventative while boarding if fleas are present. Please be advised that there is an additional charge for this service.

_____ (*Initials Here*)

If minor medical treatment needs to be administered to your pet to maintain his/her health while boarding (*i.e. treatment for diarrhea, vomiting, etc.*), we will make every effort to contact you first. In case we do not reach you, do

you authorize Westhampton Beach Animal Hospital to prescribe medication and/or administer treatment and that you agree to pay the costs for such treatment?

___ YES ___ NO *If major treatment or bloodwork is involved, we will make every attempt to contact you first*

To your knowledge, are there any unusual symptoms or signs that we should be aware of during their boarding stay?

___ YES ___ NO

If yes, please describe:

Do you need any flea and tick preventatives? ___ YES ___ NO

Do you need any heartworm preventatives (*canine patients*)? ___ YES ___ NO

DIET

Have you provided food for your pet? ___ YES ___ NO

If yes, what brand? _____

Feeding Instructions:

MEDICATIONS

Additional Fee for Medical Boarding

Is your pet on any medications? If yes, please list medications and instructions:

BELONGINGS

Are you leaving any belongings with your pet? ___ YES ___ NO

If yes, please describe:

Collars, harness', and leashes are not to be left unless deemed a medical necessity for the pet.

Westhampton Beach Animal Hospital is not responsible for lost or damaged belongings.

GROOMING OPTIONS

Additional Fee, please inquire for pricing

Would you like your pet to have a bath before pick-up? ___ YES ___ NO (*If yes, pickup after 10am*)

Would you like a professional grooming before pick-up? ___ YES ___ NO (*If yes, pickup after 12pm*)

I have read the foregoing and agree.

Owner/Representative of Owner

Date

Emergency phone # where I can be reached

In the event that we are unable to contact you directly, do you authorize anyone else to make decisions on your behalf regarding medical treatment for your pet?
