

# BOARDING CONSENT FORM

Patient Name:

Client Name:

Emergency Contact:

Phone Number:

Who is picking your pet up?

Phone Number (if different from the emergency contact):

Boarding from \_\_\_\_\_ to \_\_\_\_\_

Booked Facility (VIP CONDO, RUN, CAGE, CAT WARD):

Any Special Instructions?

Would you like your pet enrolled in Bark 'N Stretch while boarding? YES OR NO

Will your pet need any vaccinations while here?

Diet:

Medication Instructions (including last dose given):

**\*PLEASE NOTE: ANY MEDICATIONS THAT RUN OUT WILL BE REFILLED AT OWNER'S EXPENSE  
FROM OUR PHARMACY\***

**PLEASE DO NOT LEAVE LEASHES, COLLARS AND/OR TOYS. WE PROVIDE BEDDING AND WE  
ARE NOT RESPONSIBLE FOR DAMAGED OR MISSING ITEMS.**

Please note that boarding may be stressful to some pets, mainly due to the change in environment. Occasionally, some pets may experience upset stomachs and loss of appetite. We offer the best care possible and want to make you aware of any situation that may occur in your absence. Should your pet become ill during their stay, we will make every reasonable effort to contact the owner and advise them of the situation. Until that time, Kent Farms Animal Hospital will be authorized to give the necessary care or treatment for the pet at the owners expense.

Any pets found to have fleas, ticks, worms, or fungal infections will be treated immediately at the owners expense.

I have read and agree to the boarding terms at Kent Farms Animal Hospital:

Signature:

Date:

# BOARDING BELONGINGS

Food (if you brought any):

Belongings (please be as descriptive as possible):