



Mount Dora Veterinary Hospital *Boarding Consent Form*

Pet Name: _____ Date: _____

Owner's Name: _____ Check in date _____ Check out date: _____

Vaccination Requirements

***All pets must be current on required vaccines or they will be treated upon admission at the owner's expense. Current: _____ *Needs: _____

All pets will be monitored for fleas, ticks, and intestinal parasites. If found, these will be treated at the owner's expense.

Boarding fees start on the day the animal is admitted and are charged by the number of nights boarded. If pets are picked up before 2:00pm, you are not charged for that night. If picked up after 2:00pm, you will be charged for that night.

Needed Medication

If your pet requires medication during its stay here, please indicate below. Please inform the kennel technician about the medication instructions before leaving. **There is a charge of \$3.00 per day for animals requiring medication.**

Medications:

1. _____ dose: _____

2. _____ dose: _____

3. _____ dose: _____

Emergency Contact information

Please list any phone numbers you or a responsible party can be reached at in case of emergency.

1. _____ ask for: _____

2. _____ ask for: _____

3. _____ ask for: _____

Signature

By signing below, you authorize the above procedures and agree to pay when you pick up your pet (unless prior arrangements are made). I will not hold Mount Dora Veterinary Hospital or staff liable for problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved. I will not hold employees responsible for lost or damaged toys, blankets, or other personal items brought in with my pet.

Signed _____