



Boarding Consent Form

I hereby authorize Airpark Animal Hospital to board my pet(s) for the following period of time: _____

I have been advised that all boarded pets must be current on their vaccines to stay at our facility. We require proof of vaccines by a licensed veterinarian prior to admission or my pet(s) will be updated at my expense. Special consideration may be given to my pet(s) if:

- A history of vaccine reaction is documented by a veterinarian
- My pet is aged or infirmed where delaying vaccination is at the doctor's discretion

Each pet is bringing: Food Blanket Toys
 Other _____

My pet is **known/not known** to be a "stress" chewer.
My pet is **known/not known** to get "stress" diarrhea or "stress" mediated urinary problems.

I authorize the doctor(s) to treat my pet(s) if my pet(s) become ill during their stay here until I can be reached for further consent on treatment. My pet(s) will also be treated for ticks and/or fleas at my expense should they be found, and may have a bath to go home if needed.

I wish to have my pet's routine care updated while boarding:

Dogs: <input type="checkbox"/> DHPP 1yr/3yr <input type="checkbox"/> RV 1yr/3yr <input type="checkbox"/> Bordetella <input type="checkbox"/> HWT <input type="checkbox"/> Other
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Cats: <input type="checkbox"/> FVRCP 1yr/3yr <input type="checkbox"/> RV <input type="checkbox"/> FELV <input type="checkbox"/> FELV/FIV Test <input type="checkbox"/> Other

Other services:

Date: _____ Owner's Signature: _____

Home Phone: _____ Work or Cell Phone: _____