



## BOARDING CONSENT FORM

Clients Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contact Name/Number: \_\_\_\_\_

Date/Time of Drop-Off: \_\_\_\_\_ Date/Time of Pick-Up: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
(If picked-up before noon, there will be no charge for that day)

### \*\*DIET\*\*

CANNED (or) DRY

OWN FOOD (or) HOSPITAL STOCK

Amount \_\_\_\_\_ Frequency \_\_\_\_\_

### \*\*MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS \*\*

(There is a \$5.00 per day medication fee)

Is your pet on any medications?

YES (or) NO

Type \_\_\_\_\_ How Much/Often \_\_\_\_\_  
Type \_\_\_\_\_ How Much/Often \_\_\_\_\_  
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Type \_\_\_\_\_ How Much/Often \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_  
\_\_\_\_\_

### \*\*BELONGINGS\*\*

(Ballston Animal Hospital is not responsible for lost items)

Please Circle What Applies to You:

TOYS    COLLAR    LEASH    BEDDING    CARRIER

Description(s): \_\_\_\_\_  
\_\_\_\_\_

### \*\*STAYING WITH US LONGER THEN 5 DAYS??\*\*

DOGS: Complimentary Bath/Nail Trim/Anal Gland Expression after 5 days?    YES    (or)    NO  
CATS: Complimentary Nail Trim after 5 days?    YES    (or)    NO

### \*\*STATEMENT OF RELEASE\*\*

In the event of an emergency Ballston Animal Hospital reserves the right to treat the above named patient.

Sign \_\_\_\_\_ Date \_\_\_\_\_