INDIAN CREEK
Veterinary Hospital

BOARDING CONSENT FORM

Client's Name: _____ Pet's Name: _____

Date/Time of Drop-Off:_____ Date/Time of Pick-Up:_____

VACCINATION POLICY *– Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline boarding of any animal that is not current (within the last 12 months) on vaccines.*

DIET

TYPE/BRAND:_____

HOW MUCH/HOW OFTEN:_____ LAST ATE:_____

If pet goes several feedings without eating, what can be tried to get pet to eat again?

_____

MEDICATION / TREATMENTS / SPECIAL ACCOMODATIONS

Medication: _____Dose: _____ Last Given: _____

Medication: _____Dose: _____ Last Given: _____

Medication: _____Dose: _____ Last Given: _____

Medication: _____Dose: _____ Last Given: _____

Additional Medical Information: _____

Behavior Notes: ☐ Dog Aggressive ☐ Will Bite ☐ Cage Aggressive ☐ Chews Toys/Blankets ☐ Painful (*explain)*

☐ Other: _____

I DO ☐ DO NOT ☐ Want my pet to have **Extra Playtime** ($7.00/day - *not available for first and last day*)

BELONGINGS

(Indian Creek Veterinary Hospital is not responsible for lost items)

TOYS COLLAR LEASH BEDDING CARRIER OTHER

Description(s):_____

BOARDER BATH

PRICING	(YES / NO)
☐ Feline	$30.00
☐ K9 <15 lbs	$15.00
☐ K9 16-30 lbs	$20.00
☐ K9 31-74 lbs	$25.00
☐ K9 >75 lbs	$30.00

If opting for a Boarder Bath, you will need to pick up after 12:00pm on the day of release.

If you would like your pet to have a Full Groom, you will need to contact Animal House at 260-436-0400.

STATEMENT OF RELEASE

Any pets being boarded at Indian Creek Veterinary Hospital must be current on all vaccines and free of external and internal parasites. If we find that they need any vaccinations or treatment for parasites, we will treat at owner's expense. If medications are necessary for treatment or handling, I give Indian Creek Veterinary Hospital permission to administer such medications. I also authorize Indian Creek Veterinary Hospital to do whatever is necessary in case of illness or emergency. I understand that charges may be incurred for any additional requested services.

_____ _____

Signature of Owner or Agent Date

_____ _____

Best Phone Number Alternate Phone Number

E-mail Address: _____