

BOARDING CONSENT

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone(918) 835-2473 Fax15thstvet@tulsacoxmail.com

GENERAL INFO	RMATION				
OWNER'S NAME				EMERGENCY CONTACT NUMBER	
PET'S NAME				,	
MEDICATION					
	DICATIONS YOU ARE CL	IRRENTI Y GIVING YOUR PET RE	LOW INCLUDING DOSAGE FREQUENCY	AND DATE/TIME LAST ADMINISTERED	
MEDICATION OF THE PROPERTY OF		DOSE	FREQUENCY	LAST ADMINISTERED	
		2002			
ADDITIONAL CE	DVICE DECLIE	сте			
ADDITIONAL SERVICE REQUESTS While boarding, are there any services that you would like us to perform (i.e., nail trim, express anal glands,					
vaccinations, examination)? If so, please note below:					
	NA 11 19				
☐ YES ☐ NO	Would you like your dog to have a clean-up bath (nail trim/ear cleaning NOT included) while				
	here? (\$10.00)				
☐ YES ☐ NO	Would you like your dog to have a regular bath (including nail trim and ear cleaning) while here?				
(Price Based on Weight)					
ACKNOWLEDGEMENTS/AUTHORIZATIONS					
I understand that if my pet is found to have internal or external parasites that he/she will be treated accordingly at my					
expense.					
I authorize the doctors and staff of 15 th Street Veterinary Group to administer medical treatment, if deemed					
		15" Street Veterinary G	roup to administer medical	treatment, if deemed	
necessary, to my ar	nimai(s).				
ALITHODIZED SIGNATURE			L DATE		
AUTHORIZED SIGNATURE			DATE		