



BOARDING CONSENT

~~~~~

Date: \_\_\_\_\_ Pet: \_\_\_\_\_

Owner: \_\_\_\_\_ Breed: \_\_\_\_\_

Street: \_\_\_\_\_ Color: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

~~~~~

I, the undersigned, do hereby give Marion Veterinary Hospital, his agents, servants, and representatives full and complete authority to care for my pet. I give Marion Veterinary Hospital the authority to perform any procedure that may be necessary to treat my pet while boarding at Marion Veterinary Hospital in case of emergency or sickness. I understand I am responsible for any fees for this service.

Marion Veterinary Hospital is a flea and tick free facility. All boarding and daycare patients will be thoroughly checked for parasites upon entry. It is recommended that your pet is current on an approved ectoparasite control product. All pets will be treated at owner's expense. This strict policy is held to high standards to protect your pet as well as all others entering our facility.

Your pet will be walked about every 2 hours during our normal business hours.

We do not recommend bringing in personal items such as: leashes, toys, bedding, etc. with pets that are being dropped off for boarding. Marion Veterinary Hospital is not responsible for the replacement in any case if items are lost while your pet is boarding.

I understand that my pet will be transported to the county's animal services after 3 days if not picked up on planned departure date and notice is not given as to my change of plans. I understand that abandonment does not excuse me from the cost of this service and that I will be responsible for any fees incurred at Marion Veterinary Hospital as well as at animal services.

I would like for my pet to have one of the following before going home:

Complimentary Bath _____ Nail Trim _____ Groom _____ No thank you _____

Signature of Owner or Authorized Agent _____

Contact Phone Number: _____ or: _____

Pick-up Date: _____ Approximate Pick-up time: _____

***If you pick your pet up after 3:00 pm you will be charged for an additional night of boarding.**

Checked in by _____



Marion Veterinary Hospital Flea & Tick Policy (Please keep for your records)

Thank you for helping Marion Veterinary Hospital sustain a Flea & Tick free facility. We take pride in maintaining hospital cleanliness as well as promoting animal health and wellbeing. Please know that our staff will carefully inspect your pet(s) upon arrival for external parasites. Rest assured that we will take special precautions and follow strict facility policies to rid your pet of flea and/or tick infestation immediately when identified. Please let us know if you have any questions.

Thank you,
Management

<u>Tick Infestations Treatment Expense</u>	<u>Cost per treatment</u>
1.) De-tick by Technician. We will physically search for and remove all ticks found by hand	\$ 10.30
2.) Bath with Tick Shampoo add-on	\$ 24.30-41.20(by weight)
3.) Frontline topical spray treatment	\$ 20.60
4.) Preventic Collar that lasts for 3 months (optional)	\$ 22.00

We will notify each pet Owner of our findings either by phone or at check-out and we do recommend continuing a preventative product at home. Our veterinarian will be happy to make recommendations and answer any questions you may have.

<u>Flea Infestations Treatment Expense</u>	<u>Cost per treatment</u>
1.) Capstar Tablet given Orally	\$ 10.30
2.) Bath with Flea bath add-on (optional)	\$ 24.30-41.20(by weight)