

Day Boarding Consent Form

Elm Point Animal Hospital

3250 Elm Point Industrial Drive St. Charles, MO 63301
636-757-7350

Please be advised that all boarded pets **must be current on their vaccines** in order to board at our facility. We require proof of vaccines by a licensed veterinarian prior to admission to boarding.

Contact Information:

Name _____ Phone _____

◆ Does your pet need fed during their stay? YES / NO

Amount/ frequency _____

◆ Medications/ Treatments/ Special Accommodations ◆

(In addition to the daily boarding charge there is a daily medicating fee)

Does your pet require medication or treatment while boarding? **YES** or **NO**

1) Medication Name _____ How Much/Often _____

If my pet needs medical care while boarding:

____ Please do whatever is needed

____ Please do whatever is needed up to \$ _____ limit without calling me

____ Please only stabilize my pet, and then call me for permission to do anything else

____ Please do not resuscitate my pet

Does your pet have any special conditions or sensitivities that we should be aware of? _____

Please circle dates that you will need to Day Board your pet.

SUN	MON	TUE	WED	TH	FRI	SAT

SUN	MON	TUE	WED	TH	FRI	SAT

Signature _____ Date _____