

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.

January 2018

SUN	MON	TUE	WED	TH	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018

SUN	MON	TUE	WED	TH	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Signature _____ Date _____