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, including rabies, dhpp, Bordetella, and canine influenza*** in order to board at our facility.

Contact Information:
Client Name_____ **Pets' Names**_____

♦Does your pet tear up/eat bedding/toys? YES / NO

♦Does your pet display aggressive behaviors toward other pets? YES / NO

♦Does your pet need fed during their stay? YES / NO
What food? □Hospital Food □Pet's Own Food
How much? _____
Times of day: □Morning □Midday □Evening

♦ Medications/ Treatments/ Special Accommodations ♦
(There is an additional medicating fee)
Does your pet require medication or treatment while boarding? **YES** or **NO**
1) Medication Name_____ How Much/Often _____

It is the nature of emergency medicine that situations which cannot be predicted and which requires emergency treatment may arise. In those situations, treatment often must be initiated immediately and without the veterinarian having the time to contact the owner. Because of this we require all owners to state their wishes with regard the options below:
( ) I wish for CPR to be performed on my pet if they suffer from cardiac or respiratory arrest. I understand my pet may pass away despite CPR. I understand the initial fee for CPR is between $100 to $300 dollars.
( ) **I DO NOT** want CPR to be performed by the medical staff on my pet. I understand if my pet goes into cardiac arrest my pet will pass away without CPR.

Client Signature: _____ Phone #: _____

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.
No Day Boarding before or after a holiday and on FRIDAYS!

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