

## BOARDING INFORMATION FORM

Date: \_\_\_/\_\_\_/\_\_\_ Owner: \_\_\_\_\_ Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

We are pleased that you have chosen **Staring Plaza Veterinary Center** to board your pet. Please read the following carefully and be sure to sign at the bottom.

### MEDICAL AND/OR SURGICAL EMERGENCY TREATMENT

In the event that my pet should require medical treatment while boarding, I hereby consent to and authorize treatment, medical and/or surgical, which is deemed necessary by the attending veterinarian.

### FLEAS

It is hospital policy to apply flea control products to any animal boarding at our hospital, at the owner's expense, that is found to be infested with fleas, ticks, or other infectious external parasites when it is dropped off.

### VACCINATIONS

It is hospital policy that all boarding dogs and cats be current on the following vaccinations:

DOGS - Rabies/Distemper/Parvo/Bordetella/

CATS - Rabies/FVRCP

**If your pet was not vaccinated at Staring Plaza Veterinary Center, please indicate where he/she was last vaccinated (Please fill out a Medical Records Release Form found in the downloadable documents section of our website):**

**Clinic Name:** \_\_\_\_\_ **#:** \_\_\_\_\_

Boarding Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Emergency #:( ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_

Special Medications/Diet: \_\_\_\_\_

(There is a daily medication fee charged for each day your pet is medicated.)

Your pet will be let out 3 times a day (dogs only), if you would like to purchase extra times for your pet to be let out, please indicate below.

Extra Daily Recess: YES / NO If YES, how many? \_\_\_\_\_/Day

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I ALSO AUTHORIZE THE STAFF OF STARING PLAZA VETERINARY CENTER TO OBTAIN MY PET'S MEDICAL RECORDS FROM MY PREVIOUS VETERINARIAN(S). IF MY PET'S RECORDS ARE UNAVAILABLE, I AUTHORIZE THE DOCTORS AT STARING PLAZA VETERINARY CENTER TO VACCINATE MY PET AS PER THEIR ROUTINE VACCINATION PROTOCOL.**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_/\_\_\_/\_\_\_  
Date

**Additional Services/Procedures to be performed during your pet's stay:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Bath         | <input type="checkbox"/> Anal Sacs Expressed    |
| <input type="checkbox"/> Nail Trim    | <input type="checkbox"/> Clean Teeth            |
| <input type="checkbox"/> Grooming     | <input type="checkbox"/> Remove Growth(s) _____ |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Clean Ears             |
| <input type="checkbox"/> Pluck Ears   | <input type="checkbox"/> Other _____            |