

# DOGWOOD VETERINARY HOSPITAL & LASER CENTER



24 Hospital Rd., Newnan GA 30263

BOARDING CONSENT <date>,<time>

Owner's Name: <client> Pet's Name: <animal> Acct. Number: <number> Home Phone:(<area>) <phone>

Admission : <appt-date>,<appt-time>

Discharge : \_\_\_\_\_

All animals admitted must be current on their vaccinations and must be free of external parasites. (Dogs - DHLPP, Rabies, Bordetella, Fecal Exam, and Heartworm Test) (Cats - FVRCP, Rabies, Fecal) If it is discovered the animal is not current on their vaccines, the vaccines will be administered at the owner's expense. Any animal found to have fleas or ticks will be treated at owner's expense. We will make every attempt to inform you before we do this so you will be aware of any extra charges, but if you cannot be reached, we will proceed with treatment at your expense.

Emergency Name/ Phone # (this person must be able to make medical decisions on behalf of the owner) Owners out of town #	
Medications and dosage:	
Special Instructions or Supplies you would like to purchase at pick up. (we can have these ready for you)	
Belongings/Bedding:*** If your pet has an accident in his/her kennel and gets dirty, for sanitary purposes, he/she will be given a kennel bath. If this happens continuously, there will be a charge of \$20.00 for the bath.	While all reasonable precautions will be taken to ensure pet's safety, Dogwood Veterinary Hospital will not be held liable for injury to the pet resulting from pet's destruction and/or ingestion of bedding materials or toys. <b>I agree to allow my pet to have bedding materials or toys while boarding: YES or NO</b>
Feeding Instructions:	

Dogwood Veterinary Hospital has my permission to take pictures of my pet while boarding, and to publish or post them online: YES or NO

Check to Authorize Additional Work: **Agreement to medicate or treat (initial here)** \_\_\_\_\_  
<overdue>

<input type="checkbox"/> Wellness Exam/Senior	<input type="checkbox"/> Microchip	<input type="checkbox"/> Fecal Exam	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Anal Gland Expression	<input type="checkbox"/> Shed Control	<input type="checkbox"/> Boarding Bath	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Clean Ears

Current veterinarian's name and phone number: \_\_\_\_\_

Please notify us if there is any change of plans in your pet's scheduled release date. If you do not notify us of a change in your pet's departure date and either we do not hear from you or are unable to contact you or your authorized agent for a period of 7 days after your pet's scheduled release date, the Hospital will consider your pet abandoned according to the animal abandonment laws in this state. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the Hospital as a result of the abandonment.

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Dogwood Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said animal or other animals and hereby agrees to pay the customary charges for such treatments. The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Dogwood Veterinary Hospital and its authorized agents and professionals.

### Boarding Prices

Under 40lbs: \$21.20	40lbs-99lbs: \$29.00	Over 100lbs: \$37.00	Medical Boarding: \$43.50
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**PAYMENT IS EXPECTED IN FULL AT TIME OF DISCHARGE**

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_