

BOARDING CONSENT FORM

Clients Name: _____ Pet Name: _____
Breed: _____ Color: _____ Age: _____
Emergency Contact Name/Number: _____
Date/Time of Drop-Off: _____ Date/Time of Pick-Up: _____
Number of Days: _____

DIET

CANNED (or) DRY OWN FOOD (or) HOSPITAL STOCK
Amount Frequency _____

**MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS **

(There is a \$5.00 per day medication fee)

Is your pet on any medications? YES (or) NO
Type How Much/Often _____
Type How Much/Often _____
Type How Much/Often _____
Type How Much/Often _____
Additional Medical Information: _____

BELONGINGS

(Amite Veterinary Services, LLC is not responsible for lost items)

Please Circle What Applies to You:

TOYS COLLAR LEASH BEDDING CARRIER

Description(s): _____

Grooming

Are you interested in Bath/Nail Trim/Anal Gland Expression while your pet is staying with us?

YES (or) NO

STATEMENT OF RELEASE

In the event of an emergency Amite Veterinary Services, LLC reserves the right to treat the above named patient. We will call you to inform you of any updates or sickness presented while your pet is staying with us.

Would you like us to text or call you? YES NO Phone number: _____
Do you want update pictures by text message? YES NO

Sign

Date

Amite Veterinary Services, LLC DISCLOSURE FORM

Please read carefully before signing.

Amite Veterinary Services, LLC has business, medical and staffing hours:

Monday through Friday 9:00 am – 6:00 pm

Saturday 9:00 am – 2:00 pm

Sunday/Holidays Closed

Therefore, this is to inform you that we have no in-house continuous medical staff care overnight, weekends or on holidays after closing time. Continuous medical care will resume on the following business day according to the above schedule. We provide weekend and holiday care on a regular but intermittent basis only.

BOARDING POLICIES

1. Flea Policy – All boarding pets must be free of fleas. If your pet has fleas they will receive a bath and a flea preventative may also be applied. The additional charge will be added to your final bill.

2. Vaccination Policy – To insure the protection of all pets under our care, the following vaccinations must be up to date:

Dogs: DHLPP-CPV (Distemper)

Bordetella (Kennel Cough)

Rabies

CATS: FVRCP (Distemper)

Rabies

If my pet is not current on all above vaccinations, I give my permission for Amite Veterinary Services, LLC to update the vaccination(s) in accordance with the above policy. I understand an examination fee will be charge as well as the vaccination fee to my final bill.

Initial: _____

3. Medical Illness Policy – One of the advantages of boarding your pet at Amite Veterinary Services, LLC is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regard your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we at Amite Veterinary Services will perform whatever services the doctor deems necessary for the best care for your pet (to stabilize the patient) until someone can be reached.

Initial: _____

I have read this form and I am aware of the above staffing hours and understand the above Flea, Vaccination and Medical Illness Policies. I agree _____ I don't agree _____ to pay for any additional fees necessary to be in accordance with the above policies.

_____ Do not treat my pet until the owner can be reached and informed of the situation.

Sign

Date