

BOARDING CONSENT FORM

Owner's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

DROP OFF Day: \_\_\_\_\_ DROP OFF Time: \_\_\_\_\_

PICK UP Day: \_\_\_\_\_ PICK UP Time: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

FOOD

Food allergies?  YES  NO

PERSONAL FOOD  HOSPITAL FOOD

Packaging: \_\_\_\_\_

ONCE  TWICE  THREE  GRAZE

Amount per feeding: \_\_\_\_\_

# of Meals needed today: \_\_\_\_\_

TREATS from home?  YES  NO

Directions: \_\_\_\_\_

Would you allow us to give above named pet  
treats from the hospital?  YES  NO

MEDICATION

YES  NO

Administration:  Pill Pockets  Peanut Butter

Other: \_\_\_\_\_

#1: \_\_\_\_\_

Dosage: \_\_\_\_\_

Last given: \_\_\_\_\_

#2: \_\_\_\_\_

Dosage: \_\_\_\_\_

Last given: \_\_\_\_\_

#3: \_\_\_\_\_

Dosage: \_\_\_\_\_

Last given: \_\_\_\_\_

5 NIGHT OR MORE free boarding bath:  YES  NO

Vaccinations current:  YES  NO

If no, vaccinations/additional services needed:

Belongings:  YES  NO

*\*Bottletree Animal Hospital is not responsible for any lost, misplaced or damaged items left with your pet. We also reserve the right to withhold any items from your pet if deemed necessary.*

*\*Any pets seen with one or more fleas will be given a Capstar which will kill and detach the fleas in 4-6 hours at the cost of the owner.*

I assume responsibility for all charges incurred in the care of the above named pet(s). I also understand that these charges will be paid at the time of service. In the event of an emergency Bottletree Animal Hospital reserves the right to treat the above named pet (s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_