

Quivira Road Animal Clinic,LLC

Boarding Consent

Owner: _____ **Pet:** _____

Dates of Stay _____ (Pick ups after noon incur \$5 convenience fee)

Emergency Numbers: _____

*****Rabies, DHPP/FVRCP, Bordetella & Yearly Fecal Test must be current!*****

Feeding: Owner or Clinic Food? Amount _____ How often? _____

Can your pet have treats? _____ Allergies/restrictions? _____

Medications: _____

**Multiple meds, certain procedures, or Injections will incur an additional fee.

Flea/Tick Prevention- Is pet now on a commercial prevention? _____ if not, for the safety of other boarders, you may purchase a single dosage. If fleas/ticks are found, treatment will be done at your expense.

Belongings: (describe/color) Bed _____ Blankie _____ Toy _____

Bowl _____ Treats _____ Other _____ May we label? _____

Medical or behavioral concerns? _____

Additional Requests: Exam/Vaccines/Meds refills Nail Trim Bath

TLC (15 mins. play time/\$8 ea.or \$10 for 2 siblings) Grooming

In an emergency : _____ I approve treatment at any cost or to _____\$

_____ I decline life-saving treatment if I can't be reached

Pick up: I give _____ permission to pick up my pet

Sanitation: Pets not consistently kennel-trained will incur an extra fee of \$2 daily

I am responsible for all fees incurred while boarding. I release Quivira Road Animal Clinic, LLC and its employees from all liability for injury or illness incurred by my pet while boarding.

Owner Signature: _____ **Date:** _____

