

Tender Paws Animal Hospital

Feline Boarding / Consent To Treat Form

Name:
Breed:

Pets Name:
Color:

Age:
Sex:

ALERT INFORMATION: _____

Arrival Date:

Release Date:

Additional services needed while boarding: _____

Bath? Yes or No Date: _____ If yes, do we need to Sedate? _____ Nail Trim? Yes or No

HAS YOUR PET EATEN TODAY? Yes or No IF yes, When? _____

Vaccines Current: YES NO Rabies w/Exam _____ FVRCP _____ FELV _____ FELV/FIV test _____ Fecal _____

Medications To Be Given? Yes or No List below any medications that are to be administered regularly:

Medication	Freq	Amt	AM or PM

There will be a fee of \$1.95 for each medication administered to your pet while boarding.

Feeding Instructions

Dry: Free Feed 1/4 1/2 3/4 1 2 3 4 cups Once or Twice a Day ☐ Own food ☐ Clinic food AM or PM

Canned: 1/4 1/2 3/4 1 2 3 4 cans Once or Twice a Day ☐ Own food ☐ Clinic food AM or PM

Supplies to be left: Food Treats Collar Meds Kennel Blanket Toys Bed

Other: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Tender Paws Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Tender Paws Animal Hospital has my permission to administer such medication. Tender Paws Animal Hospital (TPAH) is to use all reasonable precaution against injury, escape or death of my pet, . The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precaution are followed. If I neglect to pick up my pet, within five days of the release date above and do not notify you within that time frame, TPAH may assume that the pet is abandoned and is hereby authorized to dispose of the pet as you deem necessary. TPAH will assume responsibility for both the care and management of your pet.

_____ I understand that any problem that develops with while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

_____ I have read the boarding requirements and understand the hospital's policies.

Contact info: (_____) _____ or (_____) _____

Signed: _____ Date: _____