



Kennel _____
 Run _____
 Suite _____
 Cattery _____

Boarding Consent Form

File # _____

Date _____ to _____

Client's Name: _____

Pet's Name _____

Emergency Contact # _____

Pet Age _____

Weight IN ___ OUT ___

For the safety and comfort of your pet we do not allow outside toys while your pet boards with us.

My pet(s) will be staying at the Madera Veterinary Center Boarding facility from _____ to _____.

If my pet(s) stay extends past this date, I agree to contact the hospital to make further arrangements.

A deposit on my account may also be necessary at this time.

Dogs must have proof of current Rabies, Distemper-Parvo, Bordetella and Canine Influenza vaccinations. All dogs must have current intestinal parasite prevention. Cats must have proof of a current Rabies and FVRCP vaccination. If I am unable to provide this information, I agree to have the vaccines and/or intestinal parasite prevention administered by a trained member of the Madera Veterinary Center staff.

Please vaccinate at this boarding visit: Yes _____ NO _____ (exam may be required)

Vaccine Due Dates

DA2PP _____ FVRCP _____

Bordetella _____

FELV _____

Influenza (CIV) _____

Rabies _____

Current Monthly Wormer: Yes No Deworm while boarding

On Flea/Parasite Prevention: Yes No \$21.00-\$27.00 depending on weight.

Please apply a dose of topical flea/tick medication to my pet. This medication lasts 1 month. (This medication is safe to use on pets that are on an oral flea preventative)
 COST IS \$18.50

Do NOT apply topical flea/tick medication unless fleas or ticks are noted. IF FLEAS OR TICKS ARE FOUND, I UNDERSTAND THAT A DOSE OF TOPICAL FLEA/TICK MEDICATION WILL BE APPLIED TO PROTECT OTHER HOSPITAL GUESTS AT A COST OF \$18.50

If my pet becomes sick or injured during its stay, I give authorization to have my pet treated

(Select one): ___ Up to \$250 ~or~ ___ Full Treatment

by the attending veterinarian if I cannot be reached to give authorization.

I understand that I am responsible for all charges that may apply.

I understand that as a veterinary facility, there is a small chance that my pet can come into contact with parasites such as fleas, ticks, or worms. I also understand that my pet could potentially come into contact with infectious bacterial or viral agents. Current vaccinations protect against the vast majority of these illnesses. I will not hold MVC liable for any parasite, viral, or bacterial illnesses that may arise from my pet staying at MVC.

I Understand that Madera Veterinary Center reserves the right to request my pet be picked up from boarding in the case that they do not do well with the stress of boarding.

I hereby certify that I have read and fully understand the above document. In signing this, I release all liability in this matter.

Client's Signature

Date



Boarding Consent Form

Pet Information and Instructions

Current Medical Conditions: _____

My pet is currently on medication ____ **Yes** ____ **No** (*Charges apply for medication given*)

Name of medication and directions: _____

Other directions/notes: _____

My pet eats:

Dry food only

Combination dry/canned

Canned food only

_____ **Cups**

_____ **Cups**

_____ **Can**

_____ **Can**

TLC package for \$10.25 per night which includes extra outside time, playtime, brushing. (min. 3-night stay)

Text updates ([if time allows](#)) Cell # () ____ - _____

Does your pet have any skin allergies or sensitivity to Shampoos? ____ **Yes** ____ **No**

Add-ons/Extras (mark all that apply)

___ Injections (Insulin) medications administered. \$10.75/ per injection

___ Medication/Supplements added to food. \$8.25/day

___ Medications administered via pill pocket or other method (excludes injections) \$13.75/day

Grooming Add-ons (mark all that apply)

___ Dog Bath and Brush small 0-39 lbs. for compliant pets \$32.50 (free with stays 7 nights or more)

___ Dog Bath and Brush small 40+lbs for compliant pets \$43.50 (free with stays 7 nights or more)

___ Nail Trim/Anal Gland combo \$43.00 — save over 20% verses our non-boarding price

___ Nail Trim Only \$24.00 — save over \$5 verses our non-boarding price

___ Anal Glands Only \$32.50 — save over \$5 verses our non-boarding price

Client Initials _____ Boarding Tech Initials: _____ Doctor's Initials: _____