



Boarding Consent Form

My Pets Vet Animal Hospital – San Antonio Texas - 9702 Huebner Rd, Suite 104

Client Name: _____

Patient Name: _____

Date Admitted: _____ Date of Pickup: _____

DURING STAY:

Would you like your pet groomed? Y / N

Does your pet need an exam by the veterinarian? Y / N

Please list all medications and dosing schedule: _____

When was the last time medication was administered? _____

How often does your pet eat daily? _____ How much during each feeding? _____

When was the last time your pet was fed? _____ Any diet restrictions? _____

Please list personal belongings you brought for your pet: _____

Anything else we should know about your pet? _____

ALL CATS AND DOGS ADMITTED TO THE HOSPITAL MUST BE CURRENT ON THE FOLLOWING VACCINES:

DOGS: DAPP, Leptospirosis, Bordetella, Rabies, and Canine Influenza

CATS: FVRCP, Feline Leukemia, and Rabies

If proof of vaccines can't be verified, we will be required to vaccinate your pet, at your expense. This is done to protect your pet, our staff, and other clients pets. I understand if my pet has not completed the entire series of a vaccination, there is a risk for contracting diseases such as Distemper, Parvovirus, Leptospirosis, and Canine Influenza. (Initial)

CONSENT FOR ADMISSION TO HOSPITAL

I am the owner or agent for the owner of the pet(s) described on the form and have the authority to execute this consent. I request that the veterinarians and employees of My Pet's Vet perform the services which are necessary to the examination, medication and treatment of the pets specifically described and identified on this form.

I authorize the veterinarians on duty (and the assistants they designate) to examine the pet(s) and to administer medical treatment or emergency surgical treatment which is considered therapeutically and/or diagnostically necessary on the basis of the findings during the course of the examination. I hereby consent to and authorize the performance of such procedure(s) as are

necessary and desirable in the exercise of the veterinarian's professional judgment. I further understand that any animal found to be infected with either external or internal parasites will be treated at my expense. I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in Veterinary Medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, or employees of My Pet's Vet. I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge. In case of non-payment, I am aware that My Pet's Vet will charge the cost of the collection debt on the amount owed for services. I understand that a written estimate of charges is available within reasonable time at my request. I also consent to the release of medical information.

Signature:

Phone Number:

Secondary Contact (if applicable): _____

Phone Number: _____