

Tri-County Veterinary Services Boarding Registration/Consent Form

Client's Name: _____ Contact #: _____
Reservation dates from _____ to _____

Boarder's Name _____ **Breed** _____ **Gender** _____
• Amount to be fed _____ Feedings per day _____ Did your pet eat today? Yes ___ No ___
• Medications & Dosage _____ Meds given today? Yes ___ No ___ Time _____

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Toys or Personal Belongings _____
Does your animal(s) have any behavioral/medical problems we should be aware of?

Procedures needed _____

Emergency Contact _____ Emergency Phone (____) _____

Standard Rate includes:

- Daily feeding, daily sanitizing, cleaned as needed
- Exercise in the outdoor runs 2-3 times daily
- Kennel according to size
- Ample water
- Bedding every night

Vaccinations

- Proof of current vaccinations from Tri-County Veterinary Services
- Proof of current vaccinations from another source _____

For your animal(s)' protection, all vaccines must be current. We require written proof or phone confirmation from your referring veterinarian of vaccinations (Canine: Rabies – DHLPP – Bordetella; Feline: RCEP & Rabies) for any animal that stays at Tri-County Veterinary Services. If you are unable to provide proof of these vaccinations, the doctor will provide a comprehensive physical exam and appropriate vaccines, which are your financial obligation. A Capstar tablet will be administered to your pet upon arrival. Please note that many vaccines do not take affect for 10-14 days, so be sure your animal(s) is vaccinated before boarding for optimal wellness. I agree to and understand this policy. Reasonable precautions will be used against injury, escape, or death of my pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed.

IMPORTANT: If my animal has a serious illness or injury, and in the event such illness or injury becomes critical during my absence, I want the doctors and medical team of Tri-County Veterinary Services to:

_____ Treat my animal(s) as they see fit _____ Call before treatment _____ Do not treat

Owner or Responsible Party Signature

Today's Date