



ANIMAL HOSPITAL
423 U.S. HWY 117 S BURGAW, NC 28425 PHONE: 910-259-3818 FAX: 910-259-7750

Boarding Consent Form

1/3/2019 TO _____

Client Name: _____ Patient Name: _____
Phone Number: _____ Species: _____ Breed: _____
Address: _____ Sex: _____ Color: _____
Weight: _____

Does your pet need a bath or nail trim while boarding? Bath Nail Trim

Has your pet been dewormed or had a fecal in the last 6 months? Yes No

Is your pet on heartworm prevention? What kind? _____ Yes No

Are any medications necessary while boarding? Please list medications and instructions: _____ Yes No

REQUIREMENTS FOR BOARDING

- All animals must be current on all vaccinations.
- All animals will be given a Capstar to ensure they are free of external parasites.
- Pets may be picked up between 8 AM and 5:00 PM Monday through Thursday, 8 AM and 4:00 PM Friday and before noon on Saturday.
- If a tranquilizer is necessary for treatment or handling, Healing Hands Animal Hospital has my permission to administer such medication.
- If a medical emergency should arise Healing Hands Animal Hospital will make every attempt to contact you. If you are unable to be reached please select which level of care would you like our staff to provide until you have been contacted.

Perform any services necessary regardless of cost
Perform any services up to \$100 \$200 Other amount \$ _____
Do not perform any services until I have given authorization

I have read the boarding requirements and understand the hospital's policies. I understand that my bill must be paid in full at the time of my pet's release.

Client Signature: _____ Date: _____

Phone number(s) at which the owner can be reached: _____

Pick-up Time: AM PM