



Layton Veterinary Hospital

BOARDING CONSENT FORM

Client -	File # -
Pet -	Wt -
Breed -	Color-
Sex-	Age-
Check In Date -	
Check Out Date-	

~~~~~ Client needs to **VERIFY** complete form ~~~~~

Checked in by : \_\_\_\_\_

**Vaccines Due?** :    Yes    No    See Attachment from Another Vet

If Yes, when will we administer the vaccines : \_\_\_\_\_

What vaccines are due? : \_\_\_\_\_

Cost quoted for vaccines: \$ \_\_\_\_\_

**Feeding Information**

LVH provides food    Owners provide food    Quantity (every 12 hrs) -

Does the pet require Canned food? : \_\_\_\_\_ / If yes :    **Feed 100% canned**                      **Feed Canned & dry**

\*\*\* Rx diets - must be purchased or provided by owner \*\*\* - Feed the following Rx Diet - \_\_\_\_\_

Special Feeding instructions: \_\_\_\_\_

**Does this pet require any Medication?** :    Yes    No    Expected additional fee for Medicating \$ \_\_\_\_\_ / daily.

**Does this pet have any special needs?** : \_\_\_\_\_

Any additional fees for Special Needs Care : \$ \_\_\_\_\_

**Medical Treatment** : If your pet develops a medical problem, we will attempt to contact you. If we are not able to reach you, we need to know if we may begin medical treatment.    **Treat my animal if needed**                      **No treatment until you speak to me**

**Can we provide Blankets?** (Eating blankets can be a health hazard):    Yes    No    **Owner providing blanket describe below**

**Leaving Personal items? \*Describe -**

**Emergency Contacts & Phone #s :**

Name - \_\_\_\_\_ Phone # \_\_\_\_\_

Name - \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*I agree to pick up my pet(s) during business hours on the date indicated above. If not, I will not be able to pick up my pet until the business hours of the next available day. If I do not pick up my pet(s) on the date indicated above, I will be charged a late fee of \$20 and boarding fees for any additional days of boarding unless prior arrangements are made.**

Initial: \_\_\_\_\_

Animal abandonment is against the law. If your pet is not picked up on the date you have indicated above, we will attempt to contact you for 10 days. After 10 days of no contact we will be forced to turn your pet over to the local animal control services. By signing below, you authorize the above procedures and agree to pay when you pick up your pet. Past due accounts will be charged a monthly fee of 1½% or \$4.50, whichever is greater. Delinquent accounts are turned over to collections and incur a fee of 40% of the balance owing, plus a reasonable attorney's fee, if required.

Signed: \_\_\_\_\_

