



T 281-648-7387 F 281-605-1937

BOARDING/MEDICAL TREATMENT AND CONSENT FORM

Client Name: _____ Pet's Name: _____

Primary Contact Number: _____ Secondary Number: _____

VACCINATION REQUIREMENTS

CANINE: Rabies, DA2PP, Bordetella, Leptospirosis and negative intestinal parasite screen within last 6 months

FELINE: Rabies, FVRCP

FLEAS/TICKS/INTESTINAL PARASITES

All animals upon boarding will be treated with CAPSTAR to prevent a possible flea infestation. Any pets found to have fleas, ticks, or intestinal parasites will be treated immediately at the owner's expense

CANINE INFLUENZA

Upon the advice of our veterinarians, Parkwood Animal Hospital and Boarding is highly recommending that all clients vaccinate their dogs against CANINE INFLUENZA. Please initial one of the 3 options below:

____ **I GIVE PERMISSION TO VACCINATE FOR CANINE INFLUENZA**

____ **I DECLINE THE CANINE INFLUENZA VACCINE**

____ **MY PET IS CURRENTLY VACCINATED FOR CANINE INFLUENZA**

I understand that there will be animals here that are not vaccinated against canine influenza. My pet may come in contact with these animals and may potentially become ill or infected with canine influenza. I will not hold Parkwood Animal Hospital and Boarding responsible for any veterinary bills, expenses and/or losses resulting from my dog becoming ill with canine influenza. _____ (initial)

HURRICANE POLICY

We strongly recommend that in the event of an evacuation you make arrangements to take your pet with you. If your pet is boarding and a dangerous storm approaches we will make every effort to contact you and you will have the option to pick up the pet or release him/her to a family member. In the event of a hurricane or disaster, I understand that Parkwood Animal Hospital PLLC does not require personnel to stay on the premises. I understand that my pet may be left alone for an extended period of time if the staff is unable to reach the facility. I will not hold this hospital responsible for the death or injury of my pet resulting from a hurricane, evacuation or disaster.

LIST NAME AND PHONE NUMBER OF ANY PERSON AUTHORIZED TO PICK UP YOUR PET IN THE EVENT OF A HURRICANE

____ I understand that if any incidents arise, I authorize any medical treatments and/or surgery to be performed on the above pet. I acknowledge that there is no guarantee with the results of any surgery and/or treatments and accept the risks, probabilities of complications, and any expenses incurred.

FOR SAFETY AND SECURITY REASONS PETS KEPT FOR BOARDING WILL BE RELEASED DURING BUSINESS HOURS ONLY

At times, Parkwood Animal Hospital and Boarding would like to post pictures of pets to our Facebook page.

Would you allow pictures of your pet(s) to be posted? _____ Yes _____ No

Signature: _____ Date: _____