beverly hills animal hospital

b.h.a.h.

BOARDING CONSENT FORM

Pet's Name		Surname		Date	/ /
Duration of Stay	/ / to / /				
Breed		Weight		Age	
Sex	☐ Male ☐ Female	Desexed?	☐ Yes ☐ No		
Owner's Contact Details					
Name		Phone			
Mobile		Email			
Secondary Contact Details (Emergency)					
Name		Phone			
Mobile		Email			
Toys, equipment, bedding supplied **All items are left at your own risk** **We do not take responsibility for lost items**					
Pet's normal diet					
Any foods that cause problems?					
Is your pet on flea control?	☐ Yes ☐ No	Type			
Is your pet vaccinated?	☐ Yes ☐ No	Date	/ /	Where	
Medication required?	Type		Dosage		
Can we use photos of your pet on social media?	☐ Yes ☐ No				

In the event of a MINOR medical problem, we will:

☐ Contact you for permission to treat ☐ Initiate medication as deemed necessary

In the event we cannot contact you or any of your representatives, we will initiate treatment as deemed necessary for the welfare of your pet.

In the event of a MAJOR medical problem (severe inappetence and illness) we will make all attempts to contact you for permission to treat. If we cannot contact you, supportive treatment will be initiated for the welfare of your pet.

As the owner (or directly authorised by the owner)

- I am over 18 years old
- I understand I will be liable for medical costs incurred during the boarding period if my pet is ill, as outlined above.

Signature: _____ Staff Signature: _____

Print Name: _____ Date: _____

STAFF USE ONLY	

158 Stoney Creek Road, Beverly Hills, NSW 2209 www.bhah.com.au Ph: (02) 9580 3109