

beverly hills animal hospital



BOARDING CONSENT FORM									
Pet's Name		Surname		Date	/	/			
Duration of Stay	/	/	to	/	/	Staff Use (Peak?) Y / N			
Breed				Weight			Age		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Desexed?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type						
Is your pet vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/	Where			
Medication required?	Type			Dosage					
Can we use photos of your pet on social media?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____