

# Animal Hospital of Lynnfield



## Boarding Consent Form

PET'S NAME: \_\_\_\_\_

Date in: \_\_\_\_\_

Date and time out: \_\_\_\_\_

### CLIENT INFORMATION:

Name: \_\_\_\_\_

ALL PHONE NUMBERS where you can be reached: (     ) \_\_\_\_\_

(     ) \_\_\_\_\_ (     ) \_\_\_\_\_

Email \_\_\_\_\_

Other emergency contact: \_\_\_\_\_

This person should be authorized to make any and all medical decisions.

Medications and instructions: \_\_\_\_\_

What medications has your pet had today? \_\_\_\_\_

Did you bring your own food? \_\_\_\_ Yes \_\_\_\_ No

If not and your pet is on a special diet, an applicable fee will apply.

Note feeding instructions, how much and when:

Morning: \_\_\_\_\_

Evening: \_\_\_\_\_

Other: \_\_\_\_\_

Would you like your pet to be examined by a doctor for any particular problem? An examination fee will apply. \_\_\_\_\_

If your pet is a dog, would you like it bathed before going home? \_\_\_\_ Yes \_\_\_\_ No

Please be aware that this is **not** a full groom and may worsen an already matted coat. Therefore, we will not bathe your dog if routine grooming has not been maintained.

Should other procedures (skin scrape, ear smear, stool samples, etc.) be deemed necessary or desirable in the attending veterinarian's professional judgement, **CHECK ONLY ONE:**

\_\_\_\_\_ I **prefer** Animal Hospital of Lynnfield to proceed with all procedures.

\_\_\_\_\_ I **prefer to be phoned** prior to any additional procedures, other than emergencies.

However, if I cannot be reached, I authorize unforeseen, non-emergency procedures.

\_\_\_\_\_ If I **cannot** be reached, I **do not** authorize unforeseen, non-emergency procedures.

Would you like an estimate for any of the above? \_\_\_\_ Yes \_\_\_\_ No

**NOTE: Kennel cough vaccine is required for all boarding pets and will be given to your pet if not current. All animals boarding at this facility will be made current on all vaccines and preventative care (rabies, distemper, fecal). If your pet enters the hospital with fleas, it **WILL** be treated out of fairness to the other pets in the hospital. A grooming fee will apply.**

OVER PLEASE →

I am the owner, responsible agent for, or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or procedure, and that results cannot be guaranteed. I authorize the veterinarians and staff of Animal Hospital of Lynnfield to perform all procedures as set forth above, including surgery, medical services, treatment, laboratory tests, x-rays, medications, and anesthetics. Further, in case of emergency or unexpected illness while boarding, I consent to any necessary procedure not set forth on this form, should that procedure be necessary and desirable in the attending veterinarian's professional judgement. I understand that an attendant is not on hospital premises 24 hours per day and that after hours care is provided as necessary in the judgement of the veterinarian in charge. I consent to the release of medical information.

**I AGREE TO PAY IN FULL FOR SERVICES PERFORMED INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR UNFORESEEN CIRCUMSTANCES.**

**Signature:** \_\_\_\_\_