



COUNTRYSIDE VETERINARY HOSPITAL BOARDING CONSENT

Owner's Name: _____

Pet's Name: _____

Admission Date & Time: _____

Discharge Date & Time: _____

All pets admitted before 2:00 PM or discharged after 11:00 AM will be charged an additional boarding fee of \$8.00. Rates are based upon over-night stay, and 1/2 day increments. A special Holiday Boarding Rate will be applied to pet staying in the hospital during New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize the Countryside Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain full responsible for the cost of all services provided by the Countryside Veterinary Hospital and its authorized agents and professionals.

Emergency Phone Number: _____

Is your pet on medication? (list meds and doses): _____

Any special instructions?: _____

Items left (All items must be marked with indelible ink): _____

Feeding instructions: _____

Check Additional Authorized Work

- | | | |
|---|---|--|
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Fecal Analysis | <input type="checkbox"/> Annual Physical Exam & vaccinations |
| <input type="checkbox"/> Examination by Doctor | <input type="checkbox"/> Technician Visit | <input type="checkbox"/> Bordetella/Intratrach Booster |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Boarding Bath *No Cats | <input type="checkbox"/> Re-exam for _____ |
| <input type="checkbox"/> Additional Services Not Listed Above _____ | | |

***All Cat Baths need to be scheduled with the groomer.**

Can we get any supplies ready for you when you pick up your pet? Do you need any food, heartworm medication, flea control, shampoos, or a NEW Countryside recommended toy!

VIP SERVICE: _____ (treat)

PAYMENT IS EXPECTED AT TIME OF DISCHARGE

Signature of Owner/Agent _____ ACS Initials _____ CRS Initials _____