

## **BOARDING CONSENT FORM**

	Account Number:	Pa	tient:	Species:				
	Breed:	Color:	Age:	Sex:				
	Owner's First and Last Name:	Boarding I		arding In:				
	Admission Date			Pick-Up Date				
	For your cat's protection, all vaccines must be current. We require written proof or phone confirmation by your referring veterinarian of vaccinations, including Rabies and FVRCP, for any cat that stays at Belmont Veterinary Center. If you are unable to provide proof of these vaccinations, a Belmont Veterinary Center doctor will provide a comprehensive exam and appropriate vaccines. Your cat must be free of internal and external parasites. If not, we will treat your cat at your expense for a \$30 fee. Please note that many vaccines do not take affect for 10-14 days, so be sure your cat is vaccinated before boarding for optimal wellness. I agree and understand this policy.  (client initials)							
	Permission to treat: Being away from home can be a stressful experience for some pets. Should my pet become ill, a Belmont Veterinary Center veterinarian will provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness the staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.  (client initials)							
<u>IM</u>			and medical team of	t such illness or injury becomes critic f Belmont Veterinary Center. □ Do not resuscitate my cat	cal			
	I authorize Belmont Veterinary Center to let my pet play/interact with other pets: Yes / No (please circle) I understand that my pet is in an environment where they will be socialized and interacting with people and other cats. Belmont Veterinary Center employees will supervise all pets playing together. I understand that even supervised pets may become aggressive, receive bites, puncture wounds, and/or scrapes. I also understand that the benefits of socialization far outweigh the risks. I agree and accept full responsibility for any injury to my pet, caused by my pet to any other animal financially.  (client initials)							
PHOTO RELEASE/WAIVER								

I grant to Belmont Veterinary Center, its representatives, and employees, the right to take photographs of me and/or my pet in connection with the above-identified subject. I authorize Belmont Veterinary Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Belmont Veterinary Center may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

OPT IN/ OPT OUT (please circle)

	· · — — — ·	ease bring food in pre-measured bags) iission to feed kennel provided foo	od?_ <u>Yes_/_No_</u>
		ou have provided, do we have peno, is there someone we can cont	
Amount of food	you feed and how often:		
Please list any f	food allergies:		
→ Name of M	ledication, strength, dosage	e, and last time it was given:	
(if	your pet has special needs (daily	medications or medical care) additional	fees will be applied)
	3 3	neir description with as much detai e recommend not bringing in belo	
(Belmont Veterinary Cent	er will not be responsible for personal items	s left with your pet while boarding as these items can s	cometimes be soiled, damaged, or lost.)
TL	₋C Package		
•	\$5.00 per day. Your cat will A private playtime with a ca Brushing for a shiny coat	cat with a Belmont Veterinary Center enjoy all the comforts of our luxury l ring member of our staff eat (not appropriate for cats on therape	boarding, <u>PLUS</u> :
	Add a catnip mouse with org	ganic catnip that you can take home, j	ust \$3.95.
Preferred numb Emergency Cor	er to call if any questions, is ntact (Name and Number) _	ssues, concerns, etc.	
			payment is due upon discharge
I have read and	understand the above:		
		Client Signature	Date

□ Verified that the above information is correct & completed. \_\_\_\_\_\_ initials.

Staff Use Only: