

PET DROP OFF & BOARDING CONSENT FORM

- Please Read and Sign -

For the protection of your pet(s), all dogs must be current on rabies, distemper-parvo, leptospirosis (doctor's discretion), and kennel cough (bordetella) vaccinations. Current heartworm and fecal tests are also required. All cats must have current rabies and distemper vaccinations, as well as a fecal test. We will gladly accept written verification from any licensed veterinarian.

All pets are checked for fleas / ticks upon admittance. If evidence is found (fleas, ticks, or flea dirt), a mandatory flea / tick treatment will be given at the owner's expense. Chestnut Mountain Animal Hospital will not be held responsible for lost or damaged property. Please be advised that any bedding which may become soiled during the stay will not be returned until it has been cleaned. An additional \$6.50 charge will be applied for boarding on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Eve and Day.

Date: _____ Emergency Phone #: _____

Your Name: _____

My pet(s) _____ is/are being presented for the following:

- Professional Grooming / Spa Services** Will your pet need sedation? Yes No
- Bath & Brush** (includes nail trim, anal gland expression, and ear cleaning)
- Vaccinations / Testing**
- Exam / Treatment** of a specific problem
- Surgery / Anesthesia** (please fill out the Surgery / Anesthesia Consent form)
- Boarding** *A fecal will be performed at the owner's expense if vomiting and /or diarrhea occurs*

This Section for Boarding Only:

My pet will be boarding until (Date) _____ (Time) _____

Would you like your pet(s) to be bathed before departure? YES NO

Please see reception for pricing. NO BATHS on Saturdays or Sundays! Bath pick-up after 4:30pm. A bath will be given to any pets that soil themselves while staying with us.

Would you like your pet exercised more than twice daily? (Not available on Sundays and holidays) YES NO

How many extra times per day? _____ (\$2.00 / ea)

Please indicate feeding time(s). Breakfast Dinner Both **Amount fed:** _____

Please indicate type of food. Bil Jac / Science Diet (provided) Special Diet (from home) _____

List all medications to be given while staying with us: (\$1.50 per application/ per medication) _____

I have read and fully understand the terms and conditions set forth above. I authorize the doctors at Chestnut Mountain Animal Hospital to perform the procedure(s) and treat as I have indicated above.

Owner's Signature: _____

Payment in full required at the time of pick up. **American Express not accepted.** Payment plans not available. Estimates available upon request. All prices subject to change without notice. Thank you for your understanding and cooperation. We appreciate your trust.