

Neepawa Veterinary Clinic

Boarding Consent Form

Client Name: _____ Contact Number: _____

Pet Name: _____ Breed: _____ Colour: _____

Emergency Contact Name/Number: _____

Date/Time of Drop-Off: _____

Date/Time of Pick-Up: _____

Medication/Treatment/Special Accommodations

Is your pet on any medications? YES/NO

Type _____ Amount/Frequency _____

Type _____ Amount/Frequency _____

Type _____ Amount/Frequency _____

Additional medical information _____

Feeding Instructions (circle)

Own food/Clinic Stock Canned/Dry/Canned and Dry AM only/PM only/AM & PM

Amount: _____

Belongings (circle)

Toy Leash Collar Bedding Carrier

Statement of Release

In the event of an emergency Neepawa Veterinary Clinic reserves the right to treat the above named patient.

Signature: _____ Date: _____

BOARDING POLICIES

1. FLEA POLICY – All boarding pets must be free of fleas. If your pet has fleas, they will receive a bath and a topical flea preventative may also be applied. The additional charges will be added to your final bill.

Initial _____

2. VACCINATION POLICY – To insure the protection of all pets under our care, the following vaccinations must be up to date:

DOGS: DHLP-CPV (Distemper & Parvovirus)

CATS: FVRCP (Distemper)

Bordetella (Kennel Cough)

Rabies

Rabies

If my pet is not current on all above vaccinations, I give my permission for Neepawa Veterinary Clinic to update the vaccination(s) in accordance with the above policy. I understand a vaccination fee will be charged to my final bill.

Initial _____

3. MEDICAL ILLNESS POLICY – One of the advantages of boarding your pet at Neepawa Veterinary Clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill; we will call the emergency number(s) listed regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we at the Neepawa Veterinary Clinic will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics. I will be financially responsible for any costs incurred during such emergency, not exceeding _____.

Initial _____

4. INCIDENT POLICY - If my pet should become injured/ill, refuse food, soil itself, or expire while boarding, I cannot hold Neepawa Veterinary Clinic, the veterinarian, employees, or staff responsible or liable in absence of gross negligence or malpractice.

Initial _____

5. PICK UP POLICY - If I neglect to pick up my pet or contact Neepawa Veterinary Clinic within one week of scheduled departure time, NVC will assume the animal is abandoned and will attend to the situation, as they see fit. I understand that this does NOT release me from my financial obligations, and I will still be responsible for my bill.

Initial _____

I have read this form and I am aware of the above staffing hours and understand the above policies. I agree to pay for any additional fees necessary to be in accordance with the above policies.

Signature: _____

Date: _____