

Boarding Drop-Off Consent Form

Client's Name	Pet's	Name
Drop Off Date	Pick Up Date	Pick Up Time
I grant Delhomme Animal Clini	ic permission to post my pet's pictu	re, story and medical information on social media.
	Emergency Contact Info	ormation
Name	Phone Number	
	Phone Number	
Name	Phone Number	er
Weekend p	oick up is only available betwee	
	Standard Fees	
_		ght Dogs 51-75lb \$21/night
•	00lb \$23/night Dogs +101lb \$	
Does your pet	t require any medication during	this stay? (circle one) Yes No
If yes, what are the i	nstructions?	
How often does your pet eat? We j Does yo Can you	feed dry Purina E/N if you do no our pet have any known allergie r pet have blankets/toys in kenr	t bring your own food. s? (circle one) Yes No
Any Special instructions?_		
Weekday Pickup Only	Would you like your pet to have If yes, please pickup after 1:00	e a bath before leaving? (circle one) Yes No to allow drying.
PLEASE INITIAL:		
In the event of an emerger	ncy or illness while boarding, we	will treat your pet for illness at your expense. We
want to keep all pets healthy.		
Your pet needs to be currer	nt on all vaccinations and free fr	om internal and external parasites. This policy
protects your pet as well as other ar	nimals. If your pet is not current	on vaccinations or shows signs of any parasites,
these treatments will be done at you	ur expense.	
Printed Name	Signature of Owner or Au	thorized Agent
Preferred Contact Method:		
email:	text:	voice: