



Boarding Drop-Off Consent Form

Client's Name _____ Pet's Name _____
Drop Off Date _____ Pick Up Date _____ Pick Up Time _____

_____ I grant Delhomme Animal Clinic permission to post my pet's picture, story and medical information on social media.

Emergency Contact Information

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

Weekend pick up is only available between 5 and 5:30pm on Sundays.

Standard Fees:

Dogs 0-25lb \$18/night | Dogs 25-50lb \$20/night | Dogs 51-75lb \$21/night |
Dogs 76-100lb \$23/night | Dogs +101lb \$25/night | Cats \$18.00/night

Does your pet require any medication during this stay? (circle one) **Yes No**

If yes, what are the instructions? _____

Did you bring your pet's own food? (circle one) **Yes No**

How often does your pet eat? _____ How much do you offer at each feeding? _____

We feed dry Purina E/N if you do not bring your own food.

Does your pet have any known allergies? (circle one) **Yes No**

Can your pet have blankets/toys in kennel? (circle one) **Yes No**

List all personal belongings left with your pet: **(We are not responsible for any lost items)** _____

Any Special instructions? _____

Does your pet have storm/firework anxiety? _____ Are you interested in treating it? _____

****Weekday Pickup Only**** Would you like your pet to have a bath before leaving? (circle one) **Yes No**
If yes, please pickup after 1:00 to allow drying.

PLEASE INITIAL:

_____ In the event of an emergency 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 current on all vaccinations and free from internal and external parasites. This policy protects your pet as well as other animals. If your pet is not current on vaccinations or shows signs of any parasites, these treatments will be done at your expense.

Printed Name _____ **Signature of Owner or Authorized Agent** _____

Preferred Contact Method:

email: _____ **text:** _____ **voice:** _____

FOR HOSPITAL USE ONLY:

Phn Dx SM P Chart Vax Hx Initials