



**Boarding Drop-Off Consent Form**

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Drop Off Date \_\_\_\_\_ Pick Up Date \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_

**Standard Fees:**

Dogs 0-25lb \$22.50/night | Dogs 25-50lb \$25/night | Dogs 51-75lb \$26.25/night  
Dogs 76-100lb \$28.75/night | Dogs +101lb \$31.25/night | Cats \$18.00/night

**Check In**

Monday through Friday 11:00am to 3:00pm  
Saturday 8:00am to 10:00am.

**Check Out**

Monday through Friday 2:00pm to 4:00pm  
Saturday 9:00am to 12:00pm  
Sunday 5:00pm to 5:30pm

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

If yes, what are the instructions? \_\_\_\_\_

Does your pet have any medical issues you would like addressed? (circle one) **Yes No**

If yes, what are the details? \_\_\_\_\_

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 Hill's Science Diet Chicken & Barley if you did not bring your pet's 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 (\$19.00) before leaving? (circle one) **Yes No**

**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:* \_\_\_\_\_