



**ZILLAH VETERINARY CLINIC**  
Boarding Consent Form- Please fill out one form per pet.

Owner Name:	Pet Name:	Contact Phone Number:
Boarding Date IN:	Boarding Date OUT:	Alternate Contact Name & Phone Number:
Email Address:		

**DIET:**

Frequency per day (Circle One)	Once in AM	Once in PM	Twice Daily
Amount at each meal			
Type of Food (Circle One)	Own Food (List Brand)		House Food

**Please list any current medical conditions:** \_\_\_\_\_

**MEDICATIONS/SUPPLEMENTS:** Must be provided or additional charges will incur for any refills.

Name of Medication/Supplement	Instructions	Last Given

**ADDITIONAL SERVICES:** Please choose from the following options below if you would like these services performed on your pet during their stay. Services will not be performed if your pet's health or temperament endangers our staff or the pet. (Please circle any services desired)

Microchip - \$65.00	Ear Cleaning - \$20.00	Anal Gland Expression - \$28.00	Nail Trim - \$24.00
Other:			

**ANNUAL VACCINATIONS:**

All annual vaccinations are required for boarding. I understand that I will be financially responsible for any vaccines that are due or will become due while boarding with us. An estimate can be provided per your request. If your pet's vaccinations were done elsewhere please provide the name and location of the animal hospital.  
**Please initial that you understand this policy : \_\_\_\_\_**

**Personal Belongings:** Please list all belongings including foods, be specific.


**What should we know about your pet?** ie- Climbs fences, doesn't like tail touched etc...


**MEDICAL TREATMENT:**

If your pet develops any medical condition during their stay, we reserve the right to treat as necessary to prevent the spread of illness. In the event that your pet experiences a life-threatening problem, we will make every attempt to contact you or any authorized agent listed on this form. If we are unable to contact you we will proceed as the doctor deems necessary. If you do not want us to perform life-saving procedures on your pet, please sign the DNR (Do Not Resuscitate) order below. I understand that all treatments will be my financial responsibility.

**Please do not exceed \$\_\_\_\_\_ If treatments will exceed this, please contact me.**

**Initials:\_\_\_\_\_ DNR (Do Not Resuscitate):\_\_\_\_\_**

**General Rules/Regulations/Information:**

- If your pet is to be picked up by someone other than yourself, you must make these arrangements, including payment, at the time of drop-off. This person must submit a copy of their identification before your pet will be released to them.
- We are not staffed 24 hours per day; therefore, your pets will be unattended during the evening hours on week days, and between feedings on weekends.
- If you need to extend your pets stay, we require 24 hours notice prior to originally scheduled discharge date. In the event that you do not pick up your pet within 10 days after the expected date of discharge your pet will be considered abandoned and the Zillah Veterinary Clinic reserves the right to relinquish care of the abandoned pet to the appropriate agency or offer the pet for adoption. You will still be responsible for the charges.
- All animals must be free of external parasites (fleas & ticks) when admitted for boarding or must be treated upon arrival. If external parasites are visualized during boarding, treatment will be administered at the owner's expense (oral Bravecto for dogs and topical Bravecto for cats). This can be anywhere from \$50.00-65.00.
- Boarding animals will be admitted and discharged only during regular office hours. Our office hours are posted on the website. **We are open for admitting and discharging Monday-Friday 8:30AM-5:15PM. We are closed on the weekends.**
- Should your pet show signs of aggression to our staff or doctors, we reserve the right to remove the pet immediately by way of you or animal control, thus terminating any further boarding reservations.
- All precautions will be taken to prevent injury, escape, or any life-threatening emergencies. The hospital and staff will not be held accountable for any problems that develop, provided that reasonable care and precautionary measures have been taken.

**By signing below, you agree and understand the policies listed and you authorize Zillah Veterinary Clinic to care for your pet during their stay with us. You accept all financial responsibility for any and all charges incurred during your pet's stay. Thank you for choosing our team to care for your pet during your absence.**

**Owner Signature:\_\_\_\_\_ Date:\_\_\_\_\_**