

CAT BOARDING CONSENT FORM

BOARDING DATES			
From	/ /	To	/ /
Last vaccination date			

PET DETAILS					
Pet's name					
Species		Breed			
Colour			DOB/AGE		
Sex	Male	Female	Desexed	Yes	No

OWNER DETAILS			
First name		Surname	
Address			Postcode
Home number		Mobile number	
Emergency number		Email address	

OTHER DETAILS				
Medications required while staying with us (Owner to provide)	1. 2.			
Special diet (Owner to provide)	1. 2.			
Belongings staying with animal	Item	<input type="checkbox"/> if yes	Brief description e.g. colour	
	1. Carrier			
	2. Blanket/bed			
	3. Toy			
	4. Other			
Additional treatments during boarding	Treatment	<input type="checkbox"/> if yes	Date to give or description	<input type="checkbox"/> if done
	1. Flea treatment	<input checked="" type="checkbox"/>	\$10 charge if provided by SGAH	
	2. Vaccination			
	3. Other			
Any special requirements				

Declaration:

1. I am the owner of this pet OR I am authorised by the owner to sign this form (proof required).
2. I recognise that all professional care will be given to my pet and that I have discussed any concerns I may have with the veterinarian and I hereby release, discharge and indemnify the veterinarian and any person or corporation associated with the hospital from all actions, suits, demands, claims, causes of action and costs of every description whatsoever at law, equity and under statute which O, being the owner of this pet or person authorised by the owner, or any other person or corporation has, may have had or but for this consent form could, would or might at any time hereafter have against the veterinarian or any person or corporation associated with the hospital in respect of or arising directly or indirectly out of the observation/boarding.
3. I understand that no responsibility will be accepted by St George Animal Hospital for loss of collars leads, chains, blankets, coats, toys, carriers, baskets etc.
4. I understand that occasionally illness may occur in an animal whilst boarding and understand that St George Animal Hospital accepts no responsibility for any illness occurring. In the event that I am not contactable by the provided numbers and it has been assessed by veterinary staff that my animal's condition has declined and/or requires veterinary attention, I understand the attending veterinarian will perform any procedures deemed necessary and in the best interest of my animal. I hereby give permission for the administration of medication and IV fluids, diagnostic workup (blood work, urinalysis, x-rays) or procedures deemed necessary by the attending veterinarian.
5. I accept all costs involved and will pay all fees owing at the time of discharge unless alternative arrangements have been made with the veterinarian in writing before signing this form (written agreement must be attached to this form for it to be valid).
6. I have read and understood this form. I understand there will be a 2% surcharge added to the bill for credit card transactions.

Client signature: _____ Date: _____