MORRISTOWN ANIMAL HOSPITAL BOARDING CONSENT FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: | | Pet Name: | |
| Check in Date: | | Check Out Date: | |
| Emergency # | Alternate #: | | Email: |

\*FEEDING\*

Unless otherwise instructed your pet will be fed Hill's Science Diet.

|  |  |  |
| --- | --- | --- |
| Food | Amount | Frequency |
|  |  |  |
|  |  |  |

\*\*MEDICATIONS\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Name | Dosage Amount | Dosage instructions | Time last given |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*SPECIAL INSRUCTIONS\*\*

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

BOARDING POLICIES

1) VACCINATION POLICY: The following vaccinations must be up to date prior to boarding**. DOGS: Rabies, DHPP, Bordetella and Influenza. FELINES: Rabies, FVRCP.**

If my pet is not current on all of the above vaccinations, I give permission to Morristown Animal Hospital to update the vaccination(s) in accordance with the above policy. I understand an examination fee and the vaccination fee will be on my final boarding bill.

2) FLEA POLICY: All boarding pets must be free of fleas. If your pet has fleas, they will be treated and the additional charges will be added to your final boarding bill.

3) BELONGINGS: I understand that Morristown Animal Hospital is not responsible for any lost items I have left with my pet; collar, bowl, toy, blanket, etc.

4) SOCIAL MEDIA: I **Do\_\_\_\_\_ Do Not\_\_\_\_\_\_** give Morristown Animal Hospital permission to photograph my pet(s) for use on their social media page(s).

5) MEDICAL ILLNESS POLICY: In the unlikely event your pet(s) become ill or injured while boarding Morristown Animal Hospital will call the emergency numbers listed regarding symptoms, treatment options and estimate of additional costs. If however no one can be reached, the doctors and staff of Morristown Animal Hospital will perform the services deemed necessary for the best possible care for your pet. These services may include treatment, diagnostics, surgery and medications. Do Not Resuscitate orders will be honored at the client's request.

**Do\_\_\_\_ Do Not Resuscitate\_\_\_\_** my pet in the event they become life threateningly ill or injured while boarding and I cannot be reached at the emergency numbers provided. INITIAL\_\_\_\_\_

6) BOARDING CONSENT: I agree to pay in full all services rendered, including those unforeseen medical or surgical complications. I acknowledge that Morristown Animal Hospital is not a 24 hour facility and medical staff is not on premises overnight. I understand that reasonable precautions will be used to prevent injury, illness, or escape and that Morristown Animal Hospital will not be held liable provided reasonable care and precautions are followed.

The staff at Morristown Animal Hospital promise to love and care for your pet as you would while they are boarding with us!!

Signature of Owner/Representative of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Pick up and Drop off times are:

Monday- Friday: 9-12 and 3-6

Saturday- 9-11 and 2-3



**HAPPY CAMPER PROGRAM**

The veterinarians and staff at ***Morristown Animal Hospital*** are committed to creating an

environment that is welcoming and as stress-free as possible for both our clients and their pets.

We understand that being away from loved ones at home can be difficult for pets and now offer

**“Chill Pills”** (anti-anxiety supplements and medications) to make their time here more

comfortable. We now automatically include daily supplementation as a standard boarding

practice for an additional charge **of $6 per day**. We appreciate your willingness to allow us to

enhance our boarding practices and strive to make our hospital a home away from home for

your furry family members.

**Please initial the following**:

I have read the above paragraph and understand that my pet is participating in the Happy

Camper Program

\_\_\_I Give permission for administration of the medication **Zylkene** Only (PM Only)

\_\_\_ I give permission for administration of anti-anxiety medication (**Trazodone for dogs,**

**Gabapentin for cats**) only if deemed necessary by our veterinarians (AS NEEDED) - I

understand that my pet may need a “Chill Pill” under the guidance of our veterinarians.

\_\_\_ I **request daily administration of anti-anxiety medication** (**Trazodone** for dogs,

**Gabapentin** for cats) for the duration of my pet’s stay (EVERY DAY) - I know my pet feels

stressed when boarding and/or during thunderstorms and want to make his/her stay as

comfortable as possible.