

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****

Dogs boarding **2 or more nights** may receive a complimentary bath if requested.

I am REQUESTING a complimentary bath prior to leaving I am DECLINING a complimentary bath prior to leaving

****ADDITIONAL CHARGE(S)****

I would like to request a nail trim for my pet while boarding.

I would like to request anal gland expression for my pet while boarding.

BOARDING POLICIES

1) VACCINATION POLICY: The following vaccinations must be up to date prior to boarding. DOGS: Rabies, DHPP, Bordetella. 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 TIMES ARE AFTER 2 PM UNTIL 30 MINUTES PRIOR TO CLOSING MONDAY THRU FRIDAY, &
10 AM - 12:30 PM ON SATURDAYS * There are no Sunday pick ups or drop offs. *



HAPPY CAMPER INITIATIVE

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 with Zylkene as a standard boarding practice for an additional charge of \$3 per day.** Please refer to the Fact Sheets available at the front desk for more information regarding this supplement and the medications mentioned below. 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 (Zylkene).

Additional Anti-Anxiety?: Choose (1) OR (2)

(1)___ 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.

(2)___ 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.

___ I decline the use of Zylkene, an anti-anxiety supplement, during my pet's stay and understand that this goes against the recommendation of my veterinarians - we feel that every pet outside of his/her own home can benefit from this safe supplement to help make his/her stay as comfortable as possible.