

# JACKSONVILLE VETERINARY HOSPITAL FELINE BOARDING CONSENT FORM 2018

## 1. CLIENT & PET INFO

Client: \_\_\_\_\_ Boarding Dates: \_\_\_\_\_ Pick-up time~ \_\_\_\_\_

Pet: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed, Color: \_\_\_\_\_

- If you have more than one cat\* boarding, would you like them to share a kennel? YES NO

*\* = PRICED PER PET, PER NIGHT*

## 2. DAILY CARE

- Did you bring your OWN FOOD? YES NO

• How much & when do you FEED? \_\_\_\_\_

• Any medical issues or conditions? \_\_\_\_\_

• List medications & instructions? (daily fee) \_\_\_\_\_

Last dose(s) given? \_\_\_\_\_

• Any behavioral issues or quirks? \_\_\_\_\_

• PERSONAL BELONGINGS: \_\_\_\_\_

- Does your cat have a history of biting or swatting? YES NO

## 3. VACCINATIONS & EXAMS

- I permit Jacksonville Vet to administer the following vaccination(s) upon arrival. I understand an exam is required in order to administer Rabies and FVRCP.

**INITIAL:** \_\_\_\_\_ Rabies\* \_\_\_\_\_ FVRCP\* \_\_\_\_\_ FeLV

*\* = REQUIRED FOR BOARDING*

- Please have a doctor examine my pet during their stay for the following reason(s):

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

## 4. ADDITIONAL SERVICES

- I request the following service(s) to be performed during my pet's stay:

**INITIAL:** \_\_\_\_\_ Bath \_\_\_\_\_ Nail Trim \_\_\_\_\_ Ear Cleaning \_\_\_\_\_ Express Anal Glands

## 5. AUTHORIZATION, AGREEMENT, & SIGNATURE

If a problem arises while boarding or during an exam, our doctor(s) may recommend treatment and additional testing. Please **INITIAL ONE** of the following options:

\_\_\_\_\_ Do not call first, please perform necessary services.

\_\_\_\_\_ Call the contact number(s) provided. If I am unavailable, please perform necessary services.

\_\_\_\_\_ Call the contact number(s) provided. If I am unavailable, do not perform necessary services.

I, the owner or responsible party of named animal, am admitting my pet to Jacksonville Veterinary Hospital (JVH) for care and hereby release JVH, its caretakers, and its doctors from any and all liability arising out of my pet's stay. I understand JVH is not responsible for lost or damaged personal belongings.

In case of a medical emergency, I acknowledge that if I am unavailable at the contact number(s) provided, JVH may or may not treat my pet by any means necessary until contact is made according to the emergency authorization option initialed above. If my pet needs 24-hour supervision, I authorize transport of my pet to a local emergency hospital. Finally, I agree to be held financially responsible for any cost incurred during my pet's stay.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Emergency Contact Number(s)

\_\_\_\_\_  
Date