



## Boarding Consent

### Owner Information

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Owner's name: \_\_\_\_\_

### Emergency Contacts

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Emergency contacts will be contacted for pick-up or urgent treatment inquiries in the event you cannot be reached.

Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

### Consents

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I will bring my pet's items clearly labeled with written instructions for feeding. If I do not provide my pet's own food, it will be fed a prescription strength gastrointestinal kennel food. I understand my pet will not have 24/7 monitoring during their stay. In the event my pet(s) is (are) injured or becomes ill, I understand every effort will be made to contact me before non-lifesaving treatment occurs unless stated below. By agreeing to treatments, I will pay in full at pick-up. I understand if I abandon my pet, any charges for his/her stay will not be dismissed.

In the event my pet experiences a life-threatening incident, I consent to necessary emergency treatment until I can be reached. I understand I am responsible for unknowingly sending my pet to be boarded while ill. In the event my pet is ill at drop-off, I will notify the staff of any chronic or acute signs. A determination will be made by the DVM whether my pet can board, needs be hospitalized at the clinic, or I need to find alternate care.

I have made every effort to notify my DVM if my pet is experiencing aggressive behavior. I understand if an injury occurs during my pet's stay, I may be held liable. McLendon Vet will perform the necessary steps to provide a safe and clean environment for my pet(s). As with any boarding, there is no guarantee all contagions will be eliminated. For the safety of all animals, I understand that my pet(s)

must be up to date on vaccinations per DVM recommendations. Any missing vaccinations and/or yearly services will be administered while boarding, and I assume all financial responsibilities. Any further services will only be done per my request. I understand that while my pet(s) is fully vaccinated, vaccines are not guaranteed to prevent all illnesses. In the event my pet(s) contracts a contagious disease or illness, I am responsible for their medical attention and costs. *I will notify McLendon Vet after pick-up if an illness is noticed so that they may be aware of a possible contagion.*

I agree to adhere to the boarding policies of McLendon Veterinary Clinic

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DNR (Do Not Resuscitate):

I elect to have a DNR for my pet due to chronic or age related illness. In the event of a life threatening situation I request no further action beyond pain medication

Pet(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_