

**Harden Ranch Veterinary Hospital  
27 San Juan Grade Rd. , Salinas, CA 93906  
831-443-8387**

**BOARDING CONSENT**

<b>Owner's Name:</b>	<b>Pet's name:</b>	
<b>Street:</b>	<b>City:</b>	<b>Phone:</b>
<b>Breed:</b>	<b>Sex:</b>	
<b>Age:</b>	<b>Color:</b>	

Admission Date \_\_\_\_\_ Expected Pick-Up Date \_\_\_\_\_ Pick-up Time \_\_\_\_\_

Whom shall we call in case of emergency? **Name** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

Brand, type (canned/dry), and amount of food pet normally eats \_\_\_\_\_

Is your pet currently on medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication and strength: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Personal items left with pet: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Harden Ranch Veterinary Hospital, their agents or representatives, full and complete authority to provide boarding care for said animal.

Procedures to perform \_\_\_\_\_

I also, consent to and authorize the use of appropriate procedures and treatments that may be considered therapeutically and or diagnostically necessary (including therapeutic bathing and use of flea products such as Frontline Plus, Advantage, or Capstar in order to control fleas) at the Veterinarian's discretion.

Should my pet have special needs (daily medications or daily medical care), I consent to and authorize all treatments. I understand this is a value-added service and additional fees of \$6 to \$25 a day may apply.

Personal items left with pet while boarding can sometimes be lost, damaged, or soiled and will not be the responsibility of Harden Ranch Veterinary Hospital. Any personal items inadvertently left while boarding will be kept for a maximum 30 days.

<< **Payment is due as services are rendered** <<<

**Owner's Signature** \_\_\_\_\_ **Staff initials** \_\_\_\_\_ (R) \_\_\_\_\_ (T)

**While your pet is boarding, would you like any of the following services to be performed?**

<input type="checkbox"/> Heartworm Test		<input type="checkbox"/> Nail Trim		
<input type="checkbox"/> Feline Leukemia/AIDS Test		<input type="checkbox"/> Bath	<input type="checkbox"/> Grooming	
<input type="checkbox"/> Dental Cleaning		<input type="checkbox"/> Flea/tick Treatment (Frontline or Advantage)		
<input type="checkbox"/> Anal Gland Expression		<input type="checkbox"/> Microchip Implant		
<input type="checkbox"/> Rabies Vaccine		<input type="checkbox"/> Dewormer		
<input type="checkbox"/> Feline Vaccine (FVRCP)		<input type="checkbox"/> Fecal Parasite Analysis		
<input type="checkbox"/> Feline Vaccine (Leukemia)		<input type="checkbox"/> Physical Exam		
<input type="checkbox"/> Canine Vaccine (DA2PP)		<input type="checkbox"/> Monitoring Blood Tests		
<input type="checkbox"/> Canine Vaccine (Bordatella)		<input type="checkbox"/> Pre-anesthetic Blood Tests		

