



DAYBOARDING CONSENT

Owner's Name: _____ Pet's Name: _____ Date: _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

Work/Emergency Number: _____

Is your pet on medication? (list meds and doses): _____

Any special instructions?: _____

Items left (All items must be marked with indelible ink): _____

Please fill out your Pet(s) name and mark off the days your pet will be dayboarding this week:

Pet Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REQUIREMENTS FOR DAYBOARDING

1. All pets must be current on all vaccines.
2. All pets must be free of external parasites (ex. Ticks, fleas, etc.), or they will be treated at owner's expense.
3. **CountrySide Veterinary Hospital** has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, **CountrySide Veterinary Hospital** has my permission to administer such medication.
5. Payment is expected at final discharge of the week.

I have read the dayboarding requirements and understand the hospital's policies.

Signature of Owner/Agent

Receptionist Initials: _____

ACS Initials: _____