

Boarding Consent

Mission Road Animal Clinic
9420 Mission Road
PV, KS 66206

Patient(s): _____

Drop off Date: _____ Pick up Date: _____ Text Updates/# _____

Bath/NT _____ Pick up time: _____ (must be after 3pm day of pick up if bath is chosen)

In case of an emergency, I can be reached at the following number: _____

Additional emergency contact: _____ #: _____

Authorized persons to pick up your pet: _____

Feeding: Clinic food or own? _____ How much? _____ How often? _____

Please note: There is not 24-hour supervision while boarding.

Should our staff feel it pertinent to examine your pet, would you like us to:

_____ Please proceed with exam, treatments, medications, etc. and I accept any associated fee(s).

_____ Please call **prior** to any exam, treatments, etc. to discuss with me at #: _____

Should a life-threatening emergency arise, all necessary measures will be taken to address the problem. You will be contacted as soon as possible, in regards to any emergency situations/treatments.

Initial here if you request these measures *NOT TO BE TAKEN* _____

Required for boarding:

Recommended treatments:

✕ _____

Owner/Responsible Party

Date

Office Use Only: Reception: _____ Technician: _____ / _____ Kennel Staff: _____

Mission Road Animal Clinic

Boarding Policies Agreement

9420 Mission Road

Prairie Village Kansas

66206

In order to protect all of our boarders, we require pets to be current on vaccinations, and to be **flea, tick, and intestinal parasite free**. Any pets not current on vaccinations will be vaccinated. In addition, pets will be treated at the owner's expense for fleas, ticks or intestinal parasites if they are deemed a possible risk to our facility.

Reasonable precautions will be used against injury, escape, or death to the pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed.

I understand that any problem that develops during my pets stay will be treated as deemed appropriate by the staff or veterinarian. I assume full financial responsibility for any treatment expense involved.

Fees are to be paid in full at time of discharge.

x

Owner/Responsible Party

Date