



6321 WEST HIGHWAY 146  
CRESTWOOD, KENTUCKY  
40014

502-241-4117  
Fax 502-241-9777

## Boarding Consent Form

Patient: \_\_\_\_\_ Owner: \_\_\_\_\_

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

**VACCINATION POLICY:** To ensure the protection of all pets under our care, as well as our staff, your pet must be current on all vaccinations.

- Dogs: Rabies, DHLPP, and Bordetella every 6 months.
- Cats: Rabies, and FVRCP.

**MEDICATION POLICY:** We will assume meds are given according to prescribed label instructions unless otherwise approved by your pet's vet.

Medication administration charge - \$1.10 per dose of medication.

\_\_\_\_\_ Follow label instructions \_\_\_\_\_ New instructions (needs vet approval)

**PLAYTIME SESSION:** \$8.95 per session (20 minutes of interactive outdoor playtime)

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, how many sessions during your dog's stay? \_\_\_\_\_

**\*\*PLEASE INDICATE YOUR WISHES BELOW SHOULD YOUR PET REQUIRE TREATMENT TO RELIEVE IMMEDIATE DISCOMFORT OR TO RESOLVE AN IMPORTANT MEDICAL CONDITION. (i.e. Vomiting, diarrhea, and lameness)**

\_\_\_\_\_ Please contact me if my pet needs any medical attention.

If I am unable to be contacted I authorize up to:

\_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other \$ \_\_\_\_\_ in medical care for my pet.

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

Would you like to receive a text on your pet during its stay with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what number would you like to receive texts and/or pictures? \_\_\_\_\_

I give permission for my pet's picture to be used on Crestwood Animal Hospital's social media. \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE:**

Vaccs \_\_\_\_\_ Weight \_\_\_\_\_ Meds charges \_\_\_\_\_ Groom \_\_\_\_\_ Initials \_\_\_\_\_