



Boarding Information Form

We are pleased that you have chosen Staring Plaza Veterinary Center to board your pet. Please read the following carefully and be sure to sign at the bottom.

Today's Date: Owner: Pet's Name:

MEDICAL AND/OR SURGICAL EMERGENCY TREATMENT

In the event that my pet should require medical treatment while boarding, I hereby consent to and authorize treatment medical and/or surgical, which is deemed necessary by the attending veterinarian.

FLEAS AND OTHER EXTERNAL PARASITES

It is hospital policy to apply topical and/or oral flea and tick control products to any animal boarding at our hospital, at the owner's expense, that is found to be infested with fleas, ticks, or other infectious external parasites when it is dropped off.

VACCINATION POLICY

It is hospital policy that all boarding dogs and cats be current on the following vaccinations:

DOGS - Rabies/Distemper/Parvo/Bordetella

CATS - Rabies/FVRCP

If your pet was not vaccinated at Staring Plaza Veterinary Center, please indicate where he/she was last vaccinated. You will also need to fill out a Medical Records Release Form found in the downloadable documents section of our website.

Previous Vet or Clinic: Phone Number:

Boarding Dates: From: <input type="text"/>	To: <input type="text"/>	Emergency Contact Person: <input type="text"/>
Emergency Phone Number's: #1 <input type="text"/>	#2 <input type="text"/>	
Special Medications/Diet: <input type="text"/>		
(There is a daily medication fee charged for each day your pet is medicated.)		
Your pet will be let out 2 times a day (dogs only). If you would like to purchase extra "Recesses" for your pet, please indicate here:		
Extra Daily Recess: <input type="text"/>	How Many? <input type="text"/>	

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I ALSO AUTHORIZE THE STAFF OF STARING PLAZA VETERINARY CENTER TO OBTAIN MY PET'S RECORDS FROM MY PREVIOUS VETERINARIAN(S). IF MY PET'S RECORDS ARE UNAVAILABLE, I AUTHORIZE THE DOCTORS AT STARING PLAZA VETERINARY CENTER TO EXAMINE AND VACCINATE MY PET AT MY EXPENSE AS PER THEIR ROUTINE VACCINATION PROTOCOL.

Owner/Agent Signature: Today's Date:

Additional Services/Procedures to be Performed During Your Pet's Stay:

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Clean Ears |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Anal Sacs Expressed | <input type="checkbox"/> Microchip |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Clean Teeth | |

Other: