



{CLINICADDRESS1}, {CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}

Boarding Consent Form {CURRENTDATE[SHORT]}

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:

Telephone:

Color:
Markings:
Birth Date:

Dates your pet(s) will be boarding with us: {WHATDATESWILLTHEANIMALBEBORDINGWITHUS}

Dogs are required to be currently vaccinated for distemper-parvo, rabies, and Bordetella vaccinations and cats are required to be vaccinated for feline distemper and rabies while they board at our facilities. We also highly recommend that all dogs receive the bordetella vaccine which helps protect against upper respiratory infections.

By signing this form, the doctors and staff at Southwest Texas Veterinary Medical Center will be authorized to render and perform any and all necessary medical treatments and/or surgical operations or vaccinations as they may decide to be necessary or advisable upon your pet while boarding on these premises. Every effort will be made to contact you prior to any procedure involving anesthesia or sedation.

Emergency Contact Number: _____

You, as our valued client understand that in order to ensure that your pet will be protected, all animals staying overnight will receive a flea and tick treatment at a cost range of \$24.00 - \$32.00.
{UNDERSTANDSFLEAMEDSGIVENIFSTAYINGOVERNIGHT}

Flea Prevention: _____
{WHATDAYDIDYOULASTGIVETHEFLEAPREV}

Date: _____

I grant SWTVMC permission to use my pet's photos or case notes for their website, promotional or educational material, with the understanding that none of my personal information will be revealed. Yes No

As owner/agent of the animal, you will accept responsibility for the payment of fees.

Signature: _____

Releases will only be made during regular office hours.