

# FRONT RANGE VETERINARY CLINIC AND PET LODGE

## Dog Boarding Consent Form

### Vaccine Verification:

Distemper Due On: \_\_\_\_\_ Bordetella Due On: \_\_\_\_\_ Rabies Due On: \_\_\_\_\_

### Brief Patient History:

Any recent coughing, sneezing, vomiting, or diarrhea? (if yes, please explain)

Any other concerns, problems, or special considerations that we need to know about?

Will we be administering any medications?    **Yes**    **No**    (if yes, fill out detail below)

	Medications	Dosing Instructions
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Diet:** Kennel Food (Iams Low-Residue) / Own Food (Brand: \_\_\_\_\_ Amount Fed: \_\_\_\_\_)

### Other Special Instructions:

### Consent for Treatment (Please Check One of the Following):

I GIVE permission for Front Range Veterinary Clinic to examine/treat my pet(s) while boarding, should it be considered necessary by the veterinarian.

Maximum acceptable dollar amount without contacting me first: \$ \_\_\_\_\_

I DO NOT give permission to examine/treat my pet(s) while boarding. I would like to be contacted first. I understand that, if necessary, Front Range Veterinary Clinic will perform only emergency or life-saving measures until contact is made, and I accept financial responsibility for these services, if necessary.

I accept and agree to the terms above. I understand that payment will be due in full at the time of departure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s) Where You Can Be Reached: \_\_\_\_\_