



# Woodburn Veterinary Clinic

## Canine Boarding Consent

<b>Dogs's Name:</b>
<b>Clients Name:</b>
Boarding Dates:(Drop Off date)_____ at(time)_____ am/pm
Boarding Dates:(Pick-up date)_____ at (time)_____ am/pm

<b>Vaccination Status:</b>	
For your pet's protection, all Rabies, Distemper/Parvo, and Bordetella vaccines must be current, with proof from a verifiable source (Vet Clinic).	
<b>Vaccine Due Dates:</b>	
Rabies:	Canine Influenza:
DHLPP:	Vaccines Verified by:
Bordetella:	Proof of Vaccines in file:

<b>Flea Control:</b>
WVC boarding is a flea-free facility for your pet's protection. One of our staff members will check your pet for evidence of fleas at check-in. If evidence is found, your pet will be treated using one of our flea products, at your expense. _____ Initials

History of Seizures, if yes, when was last one?\_\_\_\_\_.

Current medications and directions if different from bottle:\_\_\_\_\_.

I authorize WVC staff and doctors to examine my pet in the event of undue stress while boarding, and prescribe and administer sedation medication to maintain my pets comfort. I assume all costs associated with exam, medication, and administration of medication. \_\_\_\_\_ (Initial).

In the case of illness, emergency, or accident, WVC has my permission to administer emergency treatment until I or my agent can be reached. I understand that in the event either myself or agent are unreachable, the doctors at WVC will administer treatment necessary for the health, safety, and well-being of my pet while under WVC care. I understand that I am responsible for any costs associated with any diagnostic tests or treatments performed. \_\_\_\_\_ (Initial).

I understand that full payment is required in order for my pet to be discharged. \_\_\_\_\_.

Contact Info--	Name	Phone Number
Owner:		
Alternate Contact:		

Signature (Owner/Agent):\_\_\_\_\_ Date:\_\_\_\_\_

WVC Staff Member checking in: \_\_\_\_\_