



beverly hills animal hospital

BOARDING CONSENT FORM					
Pets Name		Surname		Date	/ /
Duration of Stay	/ /	to / /	Species	<input type="checkbox"/> Feline	<input type="checkbox"/> Canine
Breed			Weight		Age
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OWNERS EMERGENCY CONTACT DETAILS					
Name			Phone		
Mobile		Email			
SECONDARY CONTACT DETAILS					
Name			Phone		
Mobile		Email			
Toys/Equipment/Bedding left					
Pet's Normal Diet					
Are there any foods that cause problems with your pet					
Specific Requirements					

In the event of a MINOR medical problem, we will:

Contact you for permission to treat Initiate medication as deemed necessary

In the event we cannot contact you or any of your representatives, we will initiate treatment as deemed necessary for the welfare of your pet.

In the event of a MAJOR medical problem (*severe inappetence and illness*) we will make all attempts to contact you for permission to treat. If we cannot contact you, supportive treatment will be initiated for the welfare of your pet.

As the owner (or am directly authorized by the owner)

- I am over 18 years old.
- I understand I will be liable for medical costs incurred during the boarding period if my pet is ill, as outlined above.

Signed: _____ Staff Signature: _____

Print Name: _____