CAMPBELL PARK ANIMAL HOSPITAL BOARDING CONSENT FORM

OWNER'S NAMEADDRESS	PET'S NAME
ADDRESS	
	SEX
I am the owner, or agent for the o execute this consent.	owner, of the above described animal and have the authority to
I hereby consent and authorize Cabsence.	ampbell Park Animal Hospital to board my pet(s) during my
records to that effect, I understand	current on all vaccinations prior to boarding. If I cannot provide d and consent for vaccinations being administered to my pet(s) by s doctor's and staff. I understand that I will be responsible for all
fleas and ticks, as well as intestin	rstand that my pet must be free of external parasites such as all parasites such as hookworms, roundworms, etc. Should parasites as deemed necessary at the owner's expense.
	MEDICAL ILLNESS POLICY
Your pet's well-being is our utmowell cared for, properly fed & we that in the event of a pet's illness. However, in the event of an emergence	ost concern. We do everything possible to ensure that your pet is attered and kept in a clean, comfortable environment. I understand the doctor and staff will treat my pet as indicated below. I gency and I am unable to be reached immediately, the doctors and propriate treatment until myself or my agent can be reached.
I preauthorize any trea I only authorize emerge other treatment.	entrant my pet may need. No need to call me. ency and supportive care. Notify me for permission to begin any
and Technicians care for pets at d	Animal Hospital is not a 24-hour boarding facility. Kennel staff designated times after hours to ensure they are doing well while r on call should your pet(s) need medical attention while staying at
	funday pick-up at 5:00pm. Late arrivals may have to pick up be arranged at the time you drop off your pet(s).
I have been advised of the risk of Campbell Park Animal Hospital of	stress-related problems resulting from boarding and waive of any responsibility.
If special prescription diets and/o will be an additional charge for the	r medications are supplied by the hospital during boarding, there ne foods and/or medications.
I HAVE READ AND UNDERSTA	ND THIS AUTHORIZATION AND CONSENT.
SIGNATURE	DATE