

BOARDER CONSENT FORM

To: Brix Veterinary Service – Veterinarians and Staff

Name of Owner: _____ Name of Animal: _____

Address: _____ Species: _____ Breed: _____

_____ Sex: _____ Date of Birth: _____

Contact Phone: _____ Alternate Phone: _____

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent.

All boarded animals must be current on their vaccines.

Last date of vaccination: _____

Vaccinations needed: _____

If external parasites (fleas, ticks, etc) are discovered on your pet, they will be treated to prevent their transmission to other animals in the clinic.

If internal parasites (tapeworms, roundworms, etc) are discovered on your pet, do you authorize treatment for them? Yes No

DOG: We recommend that all dogs receive heartworm prevention. Is your dog currently on heartworm prevention? Date of last test: _____	Yes	No
If no, do you want your dog tested for heartworms and placed on prevention?	Yes	No

CAT: Some apparently healthy cats can be carriers of Feline Leukemia Virus and Feline Immunodeficiency Virus. A blood test is available. Do you want this test?	Yes	No
If ear mites are diagnosed on your cat, do you want your cat treated for them?	Yes	No

I authorize the veterinarian to examine, prescribe for, or treat the above described pet If emergency medical attention is needed while the animal is boarded. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is due when the animal is released from the clinic.

I have read and understand this authorization and consent.

Additional Information

Signature of Owner or Agent

Date

Please Print Name of Owner

Witness to Signature