



LAYTONSVILLE VETERINARY PRACTICE

5910 Sundown Road
Laytonsville, Maryland 20882

For office use only:

- Initial of checked in
- Checked into Computer
- Written in record
- Current vaccines
- Appointment scheduled

Boarding Consent Form

Client ID: _____ Patient ID: _____

Client Name: _____ Name: _____

Address: _____ Species: _____

Telephone: _____ Sex: _____

Weight: _____

I, the undersigned, request boarding of my pet(s) listed above from: _____

During this time I will be and may be reached at telephone number _____

In the event that I am not reachable, I authorize **Laytonsville Veterinary Practice** to treat, medically and surgically, any emergency situation that may arise with my pet(s), and I will be responsible for any fees incurred. If a non-emergency health concern is identified by a technician during boarding (example: ear infection), I agree to allow one of the doctors at **Laytonsville Veterinary Practice** to examine and treat the condition, and I will be responsible for any examination and medication fees incurred.

I understand the set times for dropoffs and pickups. I understand that there will be no pickups or dropoffs on major holidays. I will call if my plans change and I need to pick up my pet(s) sooner or later than I originally indicated.

Notice: Additional charges will be applied to dropoffs or pickups outside of the designated times.

I understand that veterinary care during nighttime hours and /or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

Special Instructions: _____

Feeding Instructions: _____

Any pets that need to be fed separately will no longer be allowed a shared cage reservation.

Personal Items: _____

Signature: _____ Date: _____