

# FREEBURG ANIMAL HOSPITAL BOARDING FORM

## FREEBURG ANIMAL HOSPITAL Consent to Treat Form – Boarding Consent Form

Pet Name: \_\_\_\_\_

Emergency Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Days Boarding \_\_\_\_\_ to \_\_\_\_\_

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem. Should your dog not respond to these initial measures, further treatment may be warranted.

### **Common Boarding Ailments**

Stress colitis (Diarrhea)

### **Initial measures taken for these ailments**

Fecal analysis; switch to a bland diet. My dog's diet can be altered \_\_\_\_\_ YES \_\_\_\_\_ NO

Kennel nose/kennel paw

Clean area, apply topical antiseptic

### **Please select from one of the following options:**

I give my consent to have Freeburg Animal Hospital take initial measures to treat my pet for these conditions should they occur:

\_\_\_\_\_ I give my permission to have Freeburg Animal Hospital take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I **do not** need to be contacted first.

\_\_\_\_\_ I give my permission to have Freeburg Animal Hospital take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I **would like to be contacted first.**

\_\_\_\_\_ I would like to be contacted before any measures are taken to treat my pet for any conditions, including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Freeburg Animal Hospital will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Does our pet have any known drug or food allergies/reactions? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes", please indicate suspect drugs or foods: \_\_\_\_\_

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Freeburg Animal Hospital Representative Date