



MCCORMICK ANIMAL CLINIC

BOARDING CONSENT FORM

Date _____

Owner's Name _____ Pet's Name _____

We require that pets who stay at McCormick Animal Clinic have current vaccinations administered by a licensed veterinarian. If proof of vaccinations is not submitted at admission, we will be happy to call another veterinary hospital to confirm the dates. If confirmation cannot be obtained (including lost or inactivated records) we will vaccinate the pet(s) and you will be financially responsible.

Hospital Name _____

City and State _____

Name that file is listed under _____

Is your pet on a special diet or are you leaving food for your pet? ___yes ___no

If yes, please describe _____

Is your pet on medication or are you leaving any medicine for your pet? ___yes ___no

If yes, please describe _____

Does your pet need any vaccinations or lab work performed? ___yes ___no

If yes, please describe _____

Are there any other services you wish to have performed while your pet is in our care? ___yes ___no

If yes, please describe _____

If you have more than one pet, would you like them in the same run? ___yes ___no

Would you like your pet to be bathed or dipped before leaving the hospital? ___yes ___no

Please write the date and the approximate time you will be picking up your pet

Date _____ Time _____

Please leave a phone number where you can be reached in case of emergency. (area code / number) _____

Please list any other special instructions for the care of your pet _____

If your pet becomes ill while boarding, or any problems arise from previous illnesses, the condition will be treated as the doctors deem necessary. We will try to contact you if the condition is serious. All costs of diagnosis and treatment are your responsibility and payable in full when the pet is released from the hospital unless prior arrangements have been made.

Owner's Signature _____

Agent of Owner _____