

# Social Circle Veterinary Hospital

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## BOARDING CONSENT FORM

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

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Social Circle Veterinary Hospital to treat, prescribe for, or perform surgery on my pet while being boarded at the hospital should it be deemed necessary. **Initial** \_\_\_\_\_

The health care team at Social Circle Veterinary Hospital are to use all responsible precautions against illness, injury or escape of my pet, but they will not be held liable or responsible under any circumstances, on account of the care, treatment or safe keeping of my pet, as it is thoroughly understood that I assume all risks. **Initial** \_\_\_\_\_

I understand my pet must be current on vaccines for boarding. If not current, I authorize the doctors to examine and give the following vaccines: \_\_\_\_\_

The estimated cost will be \$ \_\_\_\_\_ **Initial** \_\_\_\_\_

I understand that should my pet have any external parasites (fleas/ticks), my pet will be treated accordingly and I will be responsible for the expense of the treatment. **Initial** \_\_\_\_\_

Begin boarding date \_\_\_\_\_ End boarding date \_\_\_\_\_ Pick up time AM or PM

Is your pet on medications? Yes No If yes, what, and when were they given last?  
\_\_\_\_\_

I give my authorization and consent for the doctors of Social Circle Veterinary Hospital to prescribe the antianxiety medication Trazadone if my pet is showing signs of anxiety or nervousness. **I understand there will be a fee for the medication and I will be charged boarding with medications.** **Initial** Yes No

Is there anything else you would like done for your pet while boarding?  
\_\_\_\_\_

Telephone number where the owner can be reached \_\_\_\_\_

Alternate telephone number \_\_\_\_\_

I have read and understand the authorization and consent.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**