

Drexel Veterinary Clinic

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“OUR GOAL IS TO EXCEED YOUR HEALTH CARE EXPECTATIONS”

Boarding Consent Form

Date: _____

Weight: _____ lbs.

Owner/Agent Name: _____ Pet’s Name: _____

As owner/agent of the pet described above, I hereby give my consent to the Drexel Veterinary Clinic to board my pet for the following dates:

Check-In Date: _____ Check-Out Date: _____ Total Days Boarding: _____

General Information Regarding Boarding:

All Pets Must Be Current on Vaccinations to Board at our Facility:

Your pet is current until _____ and no vaccinations are required at this time.

Your pet is not current and will be vaccinated for:

DA2PP (dog) Bordetella (dog) Rabies, 1 year (dog/cat) FVRCP (cat) Leukemia (cat, optional)

Your pet will be examined for external parasites (fleas/ticks) upon arrival. If any external parasites are observed on your pet, he/she will receive treatment at your (the owner’s) expense. Frontline treatment (\$16-\$18.50)

While your pet is under our care please consider having these tests or procedures performed.

Nail Trim (\$12) Bath (\$15-\$35) Minor Ear Cleaning (\$10) Anal Gland Sac Expression (\$15)
 Fecal Exam (\$17) Intestinal Parasite Treatment (\$13-\$46)
 AVID Microchip Identification Placement (\$35) Heartworm Test for dogs (\$27) FeLV/FIV Test for cats (\$30)

Special Instructions for Your Pet:

While your pet is staying with us does he/she have any medical issues/concerns that you would like addressed by our doctor team?

___ NO ___ Yes, _____

Is your pet on any medications/therapeutics that need to be administered to your pet while staying with us?

___ NO ___ Yes, _____

Diet/Feeding Instructions for Your Pet:

_____ Please feed my pet Science Diet Adult Food twice daily.

_____ I brought my pet’s own food.

Food Name: _____ Feeding Instructions: _____

Personal items left with your pet. (Toys, blankets/bedding, treats, etc)

Authorization and Risk Assessment:

I authorize Drexel Veterinary Clinic to board my pet and perform the selected treatments above. I also authorize any additional diagnostic or treatment procedure(s) deemed necessary for any unforeseen circumstances or medical complications that arise during my pet’s stay. I will not hold Drexel Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise. By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of boarding and treatment.

Owner/Agent’s Signature: _____

Date: _____

Phone Number: _____ Alternate Phone Number: _____