

Cooper Veterinary Hospital
5234 Cypress Street
West Monroe, LA 71291

BOARDING CONSENT FORM

I _____ hereby authorize and direct _____ to
hospitalize my pet <Patient> for the following time period:

FROM: _____

TO: _____

ADDITIONAL SERVICES REQUESTED OR REQUIRED FOR <Patient> WHILE HERE INCLUDE:

____ Cooper Vet will provide Science diet food unless instructed otherwise.

____ Please use clinic food _____ cups/cans per day.

____ I have brought <Patient>'s own food. Please feed him/her _____ cups/cans _____ times
per day.

____ My pet is on special allergy food _____

____ My pets is on prescription food _____

_____ is up to date on rabies vaccinations according to Louisiana law and
manufacturers recommendation (dogs, cats, and ferrets). <Patient> is also up to date on
annual vaccinations including DHLPP / Corona / Parvo and bordetella vaccines. If not, these
vaccines will be administered following a complete physical exam upon admission to the
hospital at my expense.

If <Patient> is receiving medication, the staff at Cooper Vet can administer the medication
while in the hospital. If I forget to bring the medication with me, Cooper Vet will refill enough
of the prescription to cover <Patient>'s hospital stay and I will be charged the normal Cooper
Vet pharmacy fees. Please list any medications needed and times to be given.

<Patient> will be checked for fleas while here. If evidence of flea infestation is found,
<Patient> will be de-fleaed by Cooper Vet staff and I will be charged for flea products used at
the regular dispensing fees.

If <Patient> requires medical attention while hospitalized, Cooper Vet will perform diagnostic
and/or treatment procedures as deemed advisable or necessary for <Patient> and I will be
charged for these services. In the event of an emergency, I consent up to (please circle
amount) \$100.00 \$150.00 \$200.00 \$250.00 \$300.00 or specify
amount _____ for emergency treatment. Cooper Vet staff will notify me of any necessary
treatment prior to treatment, if possible, or immediately after treatment if not able to make
contact.

Payment in full is due when I pick up my pet. I agree to pay in full for services rendered,
including those deemed necessary for medical complications or unforeseen circumstances.

Hospital and boarding fees are based on the times that Cooper Vet staff are involved with the
care of your pet. Office hours are: M-F 7:30am-5:30pm & SAT 8:00am-12:00pm

Please list any items you are leaving with <Patient>: for example: Color of collar. leash. carrier,
etc...

Signature of Owner or Agent _____

Emergency contact number _____