

# Boarding Consent Form

Cooper Veterinary Hospital, Inc. • 5234 Cypress Street • West Monroe, LA 71291 • PH: 318-396-8099 • FX: 318-396-5571

I, \_\_\_\_\_, hereby authorize and direct **Cooper Veterinary Hospital, Inc. (Cooper Vet)** to board \_\_\_\_\_ for the following time period: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## ADDITIONAL SERVICES REQUESTED OR REQUIRED FOR MY PET WHILE HERE INCLUDE:

Cooper Vet will provide Royal Canine Gastro Intestinal unless instructed otherwise as indicated below:

- \_\_\_\_\_ Please use clinic food. Please feed \_\_\_\_\_ cups/cans \_\_\_\_\_ times per day
- \_\_\_\_\_ I have provided my pet's own food. Please feed \_\_\_\_\_ cups/cans \_\_\_\_\_ times per day
- \_\_\_\_\_ Free feed my pet

**Please indicate if your pet has shown signs of aggression in the past (circle): YES or NO**

If yes, please note what to be aware of and any specific things/situations that provoke aggression:

Your pet must be up to date on rabies vaccinations according to Louisiana law and manufacturer's recommendation for dogs, cats and ferrets. All pets must be up to date on annual vaccinations including DHLPP / Corona / Parvo / Bordetella.

## The following sections require your initials for each statement to signify you understand and agree:

\_\_\_\_ If vaccines are not up to date, then my pet will have these vaccines administered by Cooper Vet, following a complete physical exam, upon admission for boarding. These charges will be included on my final bill.

\_\_\_\_ If my pet is currently receiving medication, Cooper Vet will administer the medication during the boarding. If I forget to provide the necessary medication, Cooper Vet will refill the prescription(s) only for the amount required to cover the time of boarding. All pharmacy fees will be included on my final bill. Please list all medications required and times to be given: \_\_\_\_\_

\_\_\_\_ My pet will be checked for fleas while boarding. If there is evidence of a flea infestation, Cooper Vet will administer the necessary product(s). The product(s) will be included on my final bill.

\_\_\_\_ If medical attention is required while boarding, Cooper Vet will perform diagnostic and/or treatment procedures as deemed advisable or necessary. I will be charged for these services. In the event of an emergency, I consent up to **(Please circle) \$100 \$200 \$250 \$300 or specify amount \$\_\_\_\_\_ for emergency treatment.**

Cooper Vet will notify me of any necessary treatment prior to treatment, if possible, or immediately following if unable to 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 is involved with the care of my pet. **Office Hours: M-F 8:00 am - 5:30 pm**

Items such as color of collar, leash, carrier, etc... that you will be leaving with your pet:

Signature of Owner or Agent \_\_\_\_\_ Date: \_\_\_\_\_

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