

Cooper Veterinary Hospital, inc.
5234 Cypress Street
West Monroe, LA 71291

BOARDING CONSENT FORM

I _____ hereby authorize and direct Cooper Veterinary Hospital to hospitalize my pet _____ for the following time period:

FROM: _____ **TO:** _____

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

Cooper Veterinary Hospital will provide ROYAL CANIN: GI LOW FAT food unless instructed otherwise.

____ Please use clinic food ____ cups per day.

____ I have brought my pet's own food. Please feed him/her ____ cups/cans ____ times per day.

Please indicate if your pet has shown signs of aggression in the past (circle):

YES or NO

If yes, what should we be aware of? Are there any specific things or situations that provoke aggression?

I agree that my pet is **up to date** on rabies vaccinations according to Louisiana law and manufacturers recommendation (dogs, cats, and ferrets), and 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 my pet 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 my pet's hospital stay and I will be charged the normal Cooper Vet pharmacy fees. **Please list any medications needed and times to be given.**

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

If my pet requires medical attention while hospitalized, Cooper Vet staff will perform diagnostic and/or treatment procedures as deemed advisable or necessary for my pet and I will be charged for these services. In the event of an emergency, I consent up to (please circle amount below)

\$100.00 \$150.00 \$200.00 \$250.00 \$300.00 or specify amount _____

for emergency treatment. Cooper Veterinary 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 your pet and **describe:** for example: Color of collar. leash. carrier, etc...

Signature of Owner or Agent _____

Emergency contact number _____