

Animal Care Center of Pahrump
6981 N. Hwy 160
Pahrump, NV 89060
(775) 751-2224

Boarding Consent Form

Owner's Name: _____ File#: _____

Animals Name: _____

Species: _____ Breed: _____ Color: _____

Emergency Phone Number: _____

VACCINATION HISTORY:

DOG: Parvo _____
Distemper _____
Corona _____
Bordetella _____
Rabies _____

Please write month and year given

CAT: Distemper _____
Rabies _____
Bordetella _____
Leukemia _____
FIP _____

IMPORTANT INFORMATION:

Is your pet on any medication? YES / NO Did you bring the medication? YES / NO
Type of medication _____ If you did not bring any, do you want us to supply it? YES / NO

*There is an additional charge of \$5.00 per day for administration of medication.

Type and amount of food currently feeding DRY _____ CANNED _____

Any other information we should know about your pet? (seizure history, past medical problems, etc.)

PICKUP DATE _____ Morning Afternoon Evening
(Please circle one)

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed, even in the case of escape or injury. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expenses involved.

I understand that if the animal is not current on vaccinations for distemper, parvovirus, corona, bordetella, and rabies (if canine) or distemper, rabies and bordetella (if feline), such vaccines will be administered upon examination by a veterinarian and added to the cost of the boarding charges.

All charges, including vaccines and boarding costs, shall be paid when pet is released from the boarding facilities. If the pt is not called for within ten (10) days after the time specified for return, and if the hospital is not notified, either in writing or in person, of an alternate date within the ten (10) period, and charges paid up to date, the animal will be considered abandoned and may be disposed of as the doctor see fit. It is understood that this does not relieve me from paying all costs incurred while my pet is boarded at this facility. I understand all boarding pets are unsupervised between the hours of 5:30 p.m. - 7:30 a.m.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO THE TERMS STATED

Signature of owner or agent

Date

Receptionist

CRATE Y / N **COLLAR** _____ **LEASH** _____ **OTHER** _____