



Boarding Consent Form

Owners Name:	
Phone Number(s):	
Address:	
Traveling to:	Emergency Phone Number:
Emergency Contact Person/Phone:	
Date dropping off:	Date picking up:

Pet Name:	Species:
Breed:	Age:
Feeding Instructions:	
Personal Belongings:	
Medications/Allergies:	
DA2PL:	Felocell:
Rabies:	FeLV:
Bordetella:	
Pet Name:	Species:
Breed:	Age:
Feeding Instructions:	
Personal Belongings:	
Medications/Allergies:	
DA2PL:	Felocell:
Rabies:	FeLV:
Bordetella:	

All animals must be current on vaccinations and free of external parasites, if not they will be treated at the owners expense. If a tranquilizer is necessary to handle my pet, I give permission for Knight Veterinary Clinic to administer it. Should an emergency arise or if treatment is needed, Knight Veterinary Clinic has permission to treat my animal(s). If heroic measures are needed, Knight Veterinary Clinic has ___ does not have ___ permission to do so. Pets that are not picked up within 5 days of written notice that pickup is overdue will be placed at the shelter.

Print Name: _____ Signature: _____
 Date: _____

