

Knight Veterinary Clinic

220 Elmcrest (208) 587-7941 Mountain Home, ID 83647

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KNIGHT VETERINARY CLINIC BOARDING CONSENT FORM

Client Information

Name: _____

Phone Number(s): _____

Email: _____

Emergency Contact (if different from owner)

Name: _____

Phone: _____

Pet Information

Pet Name: _____ Species: _____

Breed: _____ Age: _____

Color/Markings: _____

Sex: ☐ Male ☐ Female ☐ Neutered/Spayed ☐ Intact

Feeding Instructions

☐ Clinic food (additional fees may apply)

☐ Owner-provided food: _____

Feeding schedule: _____

Allergies or food sensitivities: _____

Medications

Is your pet on any medications? ☐ Yes ☐ No

If yes, please list:

Medication: _____ Dosage: _____ Frequency: _____

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Personal Belongings

List items left with pet (toys, bedding, leash, etc.):

Note: We are not responsible for lost or damaged items.

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Boarding Dates

Drop-Off Date: _____ Pick-Up Date: _____

Medical Care Authorization

In the event of illness or injury during my pet's stay:

☐ I authorize medical treatment as deemed necessary by the veterinarian.

☐ I authorize treatment up to \$_____ without further contact.

☐ Please contact me before providing medical treatment (excluding emergencies).

Emergency Care

If my pet experiences a life-threatening emergency and I cannot be reached:

☐ Perform life-saving treatment.

☐ Do not resuscitate (DNR).

Vaccination Requirements

I confirm my pet is current on the following required vaccines (check all that apply):

☐ Dogs: Rabies, DHPP, Bordetella

☐ Cats: Rabies, FVRCP

Flea/Tick Policy

If fleas or ticks are found, I authorize the clinic to treat my pet at my expense.

☐ Yes ☐ No

Boarding Terms & Conditions

- I understand that despite all reasonable precautions, my pet may experience stress-related illness while boarding.
- If my pet becomes aggressive or dangerous, alternative arrangements or sedatives may be used at my expense.
- I release the clinic and staff from liability in the event of illness, injury, escape, or death, provided reasonable care was given.

Owner Acknowledgement & Signature

I have read and understand the above policies. I agree to pay all charges incurred during my pet's stay at time of pickup.

Owner Signature: _____ Date: _____
Clinic Representative: _____ Date: _____