

**Carmel Valley Veterinary Hospital  
13738 Center St  
Carmel Valley, CA 93924  
831-659-2286**

**BOARDING CONSENT**

Today's Date:  
Owner's Name:  
Account #:  
Street:  
City:  
Phone:

Pet's Name:  
Breed:  
Sex:  
Color:

Admission Date\_\_\_\_\_ Expected Pick-Up Date\_\_\_\_\_ Pick-up Time\_\_\_\_\_

Whom shall we call in case of emergency? Name:\_\_\_\_\_  
Telephone number\_\_\_\_\_

Brand and type of food (canned/dry) pet normally eats\_\_\_\_\_

Is pet currently on medication? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of medication and strength:\_\_\_\_\_ Dosage:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies?\_\_\_\_\_

Personal items left with pet:\_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Carmel Valley Veterinary Hospital, their agents or representatives, full and complete authority to provide boarding care for said animal.

I also consent to and authorize the use of appropriate medical procedures and treatments that may be considered therapeutically and or diagnostically necessary (including therapeutic bathing and use of flea products such as Topspot or Advantage in order to control fleas) in the Veterinarian's professional judgment. In cases where destructive behavior or excessive barking is exhibited, the use of sedatives may be necessary.

**< < Payment is due as services are rendered < < <  
Proof of vaccination and health exam is required:  
(Dogs: Kennel cough, DHPP, Rabies • Cats: FVRCP, Rabies)  
Vaccines and exam will be updated at the owners expense if not current**

Owner's Signature \_\_\_\_\_ Staff initials \_\_\_\_

**While your pet is at the hospital, would you like any of the following services to be performed?**

<input type="checkbox"/> Nail trim \$9.50	<input type="checkbox"/> Minor Ear cleaning \$18.70
<input type="checkbox"/> Feline Leukemia/AIDS Test \$31.00	<input type="checkbox"/> Bathing/Comb out mats \$26-36.00
<input type="checkbox"/> Dental cleaning (general anesthesia only) \$98.00	<input type="checkbox"/> Flea/tick treatment \$16.50
<input type="checkbox"/> Anal Gland expression \$19.00	<input type="checkbox"/> ID microchip \$41.00
Vaccinations: _____	<input type="checkbox"/> Heartworm test \$25.80