



North Central Missouri Veterinary Services

Boarding Consent

Client Name: _____.

Pet's Name: _____.

I authorize North Central Missouri Vet to board my pet during the **time period of:**

_____.

I understand that employees are not present in the facility after hours and that dogs are walked Saturday evening, Sunday morning, Sunday evening, and throughout the normal business days. I understand that North Central Missouri Vet will take precautions to ensure the safety of my pet. Should my pet require medical treatment during his/her stay, I accept responsibility and authorize North Central Missouri Vet to provide basic medical attention as needed, while attempts to contact me are being made.

My pet is current on a flea treatment and was **last treated on:** _____.

Should any fleas or ticks be observed, I understand that treatment will be applied to my pet at my cost. Initial: _____

My Dog/Cat is current on vaccines: **YES / NO**

If **YES**, please bring a record of all vaccinations when your pet comes to stay.

If **NO**, your pet is required to be vaccinated at the time of visit.

SIGNATURE _____ **DATE** _____

While our pet is boarding, **we will be:** _____

We can **be reached at:** _____

OR, here is a **local contact** name and number: _____

Additional Information: