

GAGE ANIMAL
HOSPITAL



4000 SW 12th Street • Topeka, KS 66604 • 785-272-8876 • www.gageanimalhospital.com

BOARDING CONSENT

Owner Name: _____ Pet Name: _____

BOARDING POLICY:

In order to prevent the spread of infectious diseases and parasites, all boarded pets must be current on vaccinations and free from internal and external parasites. Pet owners must provide proof of current vaccinations and, for dogs, a negative fecal sample within the last twelve months prior to admission for boarding. If your pet is not current on these preventative health requirements, they must be updated at least one week prior to boarding check-in. Fleas and ticks on incoming pets will be treated at the pet owner's expense.

GAH provides iVet Maintenance Diet, a Kuranda bed, and fresh linens daily for boarding pets. We request that you not bring additional bedding. **Please list any other belongings that you have brought for your pet (i.e. special diet, medications, toys, etc.):** _____

Because our space to store pet carriers is limited, we appreciate those clients who are able to take their pet's carriers with them once their pet is safely admitted to GAH. If you are able to take your carrier at check-in, please remember to bring it with you when you return for your pet.

Are there any health or behavioral concerns relating to your pet of which we need to be aware? If so, please explain: _____

AUTHORIZATION:

I authorize the veterinarian(s) and staff of Gage Animal Hospital, P.A. to provide necessary vaccinations and parasite control as needed for my pet. **I understand that any health or anxiety condition that may develop with my pet while boarding will be treated as deemed appropriate by the attending veterinarian and I assume full responsibility for the treatment expense that may be involved.**

If you cannot be present at the time of your pet's release, we must have authorization to release your pet to another person. In my absence, I authorize the release of my pet to: _____

Phone number(s) where you can be reached should any questions or an emergency arise: _____

Alternate Contact: _____

Signed: _____ Date: _____