

Kanawha City Veterinary Hospital
5405 MacCorkle Ave. SE
Charleston WV 25304

Consent for pet boarding

I request that my pet _____ be kept for boarding at Kanawha City Veterinary Hospital.

I understand that current vaccinations are required, and that if I cannot provide proof thereof, then necessary vaccines will be updated while boarding.

My pet will be boarding from _____ to _____, 20____.

While boarding, my pet should eat:

_____ Science Diet Maintenance food as provided by the hospital

_____ Special diet provided by me _____

My pet eats _____ times daily, OR I leave food out all the time _____

Please list any allergies or health conditions that we should be aware of:

Please list any medications that your pet is on and how often they should be given while boarding with us:

If your pet develops any health problems while in our care, every effort will be made to contact you. If we are unable to reach you, we will address the medical issue as deemed appropriate by the veterinarian in charge. Any care needed will be at owner's expense.

Signed _____

Emergency number where I can be contacted _____