



BOARDING CONSENT

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone
 (918) 835-2473 Fax
 15thstvet@tulsacoxmail.com

GENERAL INFORMATION

OWNER'S NAME		EMERGENCY CONTACT <i>You must fill this out</i>	
PRIMARY NUMBER	SECONDARY NUMBER	Name: _____	
PET'S NAME(S)		Relation to owner: _____	
DATE DROPPING OFF	DATE PICKING UP	Number: _____	

FOOD

Check here if you brought food from home for us to feed your pet.
 Please feed my pet this much food _____ once/twice (circle one) daily or otherwise specify.
 If you did not bring food, we will provide dry food once a day based on his or her weight (Hill's Science Diet).

MEDICATIONS

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY GIVING YOUR PET BELOW INCLUDING DOSAGE, FREQUENCY AND DATE/TIME LAST ADMINISTERED

MEDICATION	DOSE	FREQUENCY	LAST ADMINISTERED

ADDITIONAL SERVICE REQUESTS

While boarding, are there any services that you would like us to perform (i.e., nail trim, express anal glands, vaccinations, examination)? If so, please note below:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like your dog to have a full cleaning (bath, nail trim and ear cleaning) while here? (Price Based on Weight)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like your dog to have a bath only (nail trim/ear cleaning NOT included) while here? (\$10.00)

ACKNOWLEDGEMENTS/AUTHORIZATIONS

PLEASE READ CAREFULLY: One of the advantages of boarding your pet at a veterinary clinic is that in the unlikely event of an emergency, medical attention is readily available. If you and the emergency contact are unable to be reached, please indicate your wishes by initialing below.

_____ I authorize 15th Street Veterinary Group to provide all necessary treatments which may include CPR, surgery and/or life-saving measures that are essential to saving my pet's life until I am able to be reached.

_____ I DO NOT authorize emergency treatment, including those that are life-saving. If deemed medically appropriate and I am unable to be reached, I authorize 15th Street Veterinary Group to euthanize my pet.

I have read and I understand the above statements. I acknowledge that there is no guarantee with emergency treatment and I accept the risks, complications and any expenses incurred in the care of my pet. I also understand that if my pet is found to have internal or external parasites that he/she will be treated accordingly at my expense.

_____ <small>AUTHORIZED SIGNATURE</small>	_____ <small>DATE</small>
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