



BOARDING CONSENT

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336
reception@15thstvet.com

GENERAL INFORMATION

OWNER'S NAME		EMERGENCY CONTACT (IN THE EVENT YOU CANNOT BE REACHED, THIS CONTACT NEEDS TO BE A PERSON OTHER THAN YOU) Name: _____ Relation to owner: _____ Number: _____
PRIMARY NUMBER	SECONDARY NUMBER	
PET'S NAME(S)		
DATE DROPPING OFF	DATE PICKING UP	

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 BELOW THAT YOUR PET WILL NEED ADMINISTERED WHILE BOARDING. THERE IS AN EXTRA FEE FOR MEDICATION ADMINISTRATION.

MEDICATION	PET NAME	DOSE	FREQUENCY	LAST ADMINISTERED

VACCINATIONS

We require all pets to be up to date on their vaccinations for boarding.

For **dogs**, we require the following vaccines: Rabies, DHPP, Leptospirosis, Bordetella, and Influenza

For **cats**, we require the following vaccines: Rabies and FVRCP

Is your pet(s) up to date on all vaccines listed above? If you are unsure if your pet is up to date, please ask a staff member.

YES, my pet(s) were either vaccinated here or I have provided the medical record.

NO, please vaccinate my pet(s) during their stay. I understand there may be an exam fee if my pet is due.

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ADDITIONAL SERVICE REQUESTS

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

Would you like your pet to have a **full cleaning** (bath, nail trim and ear cleaning) while here?
(Price Based on Weight) YES NO

Would you like your pet to have a **bath only** (nail trim/ear cleaning NOT included) while here?
(\$22.00) YES NO

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 can be reached.

OR

_____ 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 any internal/external parasites (fleas, ticks, worms) or if my pet develops a stress-related condition such as anxiety and/or diarrhea, he/she will be treated with appropriate medications at my expense.

AUTHORIZED SIGNATURE

DATE