

Boarding Consent Form

| Species Breed DOB/Age Colour Microchip Number Owners Surname First Name Street Suburb Postcode Home Phone Work Phone Mobile Emergency Contact Name & Number |
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| Owners Surname First Name Street Suburb Postcode Home Phone Work Phone Mobile |
| Street Suburb Postcode Home Phone Work Phone Mobile |
| Street Suburb Postcode Home Phone Work Phone Mobile |
| Suburb Postcode Home Phone Work Phone Mobile |
| Home Phone Work Phone Mobile |
| |
| Emergency Contact Name & Number |
| <u> </u> |
| Boarding Dates From / / To / / |
| Boarding Fees (to be completed by SHVH Staff) \$ per night |
| Last vaccination date |
| Medications required while boarding with us (Client to provide) |
| Special food requirements (please list) |
| Toys, bedding provided (please list) |
| Any additional treatments you would like us to provide while your pet is staying with us? Use Cination Nail Clip Worming Other |
| In the past few days has your pet: Been healthy? Yes / No Been eating normally? Yes / No Been drinking water normally? Yes / No Has there been any vomiting or diarrhea? Yes / No Have there been any breathing difficulties/ coughing? Yes In the past few months has your pet: Lost weight? Yes / No Increased the amount of water he/she drinks? Yes / No Had an increased or decreased appetite? Yes / No |
| I am over 18 years of age. I am the owner of |
| Client Signature Date |