



Eastern Shore Animal Hospital – Boarding Consent Form

6421 Caratoke Highway

Grandy, NC 27939

(252) 453-8200

Owner Name: _____ Pet Name: _____

As the owner or authorized guardian of this animal, I give my permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment but will exercise the option to proceed if no one is available for clearance.

If my pet becomes anxious while boarding, I give my permission to administer a mild relaxing sedative.

___ Yes ___ No

I understand that if fleas or ticks are seen on my pet, a topical treatment will be applied.

Last Flea & tick product used: _____ Date Applied: _____

I have labeled all personal items brought with my pet. Please list all items:

Emergency Contact: _____ Phone: _____

Feeding amount: _____ Feeding Frequency: _____ Time of last feeding: _____

Medication 1 Name: _____ Time of last dose: _____

Instructions: _____

Medication 2 Name: _____ Time of last dose: _____

Instructions: _____

Medication 3 Name: _____ Time of last dose: _____

Instructions: _____

Is your pet having any special problems?

Additional services requested for my pet while boarding:

___ Bath ___ Nail Trim ___ Anal Sac Expression ___ Ear Cleaning ___ Other: _____

Date of Pickup: _____ Time of Pickup: _____

Signature: _____ Date: _____