



Eastern Shore Animal Hospital
6421 Caratoke Hwy
Grandy, NC 27939
(252) 453-8200

Boarding Consent Form

Client Name:

Address:

Phone Number:

Patient Name:

Species:

Breed:

Sex:

Color:

Weight:

Patient Alerts

Allergies

Medical Alerts

Non-Medical Alerts

Special Diet

Temperament

Vaccine Reactions

Behavioral Notifications

Please check the box if applicable.

My pet has a history of cage aggression.

My pet has a history of food aggression.

My pet has a history of dog aggression.

Pet Information:

- Last Flea/Tick product used:
- Personal items:
- What food is typically fed at home?
- What is being fed while boarding?
- Feeding Instructions:
- Medication History:
- Other Medications or supplements:
- Does your pet have any special instructions?
- Additional services requested for my pet while boarding:
- Date of pickup: _____ Time of pickup: _____

If my pet becomes anxious while boarding, I give my permission for an anti-anxiety/calming medication to be administered.

I understand that if fleas/ticks are seen on my pet, a treatment will be applied to my pet at my expense.

I understand that my pet is required to be up to date on all vaccinations in order to be boarded, further more I have provided proof of vaccinations prior to today's boarding reservation. Eastern Shore Animal Hospital reserves the right to deny boarding to any pet not up to date on it's vaccinations for the health and safety of our team and our patients.

Emergency contact name & number:

As the owner or authorized guardian of the above named pet, I give permission to the clinic to receive, treat, prescribe or otherwise care for him/her 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.

Electronic Signature

of Owner: _____

Date: _____

Staff Initials: