



PET BOARDING CONSENT FORM

BOARDING DATES			
From	/	/	To / /
Last vaccination date			

PET DETAILS				
Pet's name				
Species		Breed		
Colour		DOB/AGE		
Sex	Male	Female	Desexed	Yes No

OWNER DETAILS			
First name		Surname	
Address			Postcode
Home number		Mobile number	
Emergency number		Email address	

OTHER DETAILS				
Medications required while staying with us (Owner to provide)	1. 2. 3.		Next dose: Next dose: Next dose:	
Special diet (Owner to provide)	1. 2.			
Belongings staying with animal	Item	✓ if yes	Brief description e.g. colour	
	1. Carrier			
	2. Blanket/bed			
	3. Toy			
Additional treatments during boarding	Treatment	✓ if yes	Date to give or description	✓ if done
	1. Flea treatment	✓	\$10 charge if provided by SGAH	
	2. Vaccination			
	3. Other			
Any special requirements				

Declaration:

- I am the owner of this pet OR I am authorised by the owner to sign this form (proof required).
- I recognise that all professional care will be given to my pet and that I have discussed any concerns I may have with the veterinarian and I hereby release, discharge and indemnify the veterinarian and any person or corporation associated with the hospital from all actions, suits, demands, claims, causes of action and costs of every description whatsoever at law, equity and under statute which O, being the owner of this pet or person authorised by the owner, or any other person or corporation has, may have had or but for this consent form could, would or might at any time hereafter have against the veterinarian or any person or corporation associated with the hospital in respect of or arising directly or indirectly out of the observation/boarding.
- I understand that no responsibility will be accepted by St George Vets for loss of collars leads, chains, blankets, coats, toys, carriers, baskets etc.
- I understand that occasionally illness may occur in an animal whilst boarding and understand that St George Vets accepts no responsibility for any illness occurring. In the event that I am not contactable by the provided numbers and it has been assessed by veterinary staff that my animal's condition has declined and/or requires veterinary attention, I understand the attending veterinarian will perform any procedures deemed necessary and in the best interest of my animal. I hereby give permission for the administration of medication and IV fluids, diagnostic workup (blood work, urinalysis, x-rays) or procedures deemed necessary by the attending veterinarian.
- I accept all costs involved and will pay all fees owing at the time of discharge unless alternative arrangements have been made with the veterinarian in writing before signing this form (written agreement must be attached to this form for it to be valid).
- I have read and understood this form.

Client signature: _____ Date: _____



BOARDING WAIVER FORM

ANIMAL'S NAME _____

Boarding takes your pet out of their regular environment and can be a stressful environment for all animals. Some animals may develop abnormal clinical signs that may require treatment during boarding. Some animals may require assessment after boarding.

Please understand the risks of boarding animals.

Please initial that you have read and understand each point	Initial
1. I am the legal owner or agent for the owner of the animal described in the correlating boarding consent form.	
2. I release St George Vets, its staff, owners, representatives and agents from any and all liability which I or my pet may suffer including but not limited to injury, sickness, damage or death resulting from participation in boarding.	
3. My pet is in good health, is current on all required vaccinations, is free of external parasites and has not been ill with any known contagious viruses in the last 30 days	
4. I understand that while my pet is fully vaccinated, that vaccines are not guaranteed and there is a small risk that my pet may contract contagious diseases or illnesses unrelated to boarding	
5. Boarding takes your pet out of their regular environment and can be a stressful environment for all animals. Some animals may develop abnormal clinical signs and require further assessment, diagnostic workup or treatment after boarding.	
6. In the event of an emergency, I understand that I or an agent for the owner is required to be contactable and available to transport my pet to a 24-hour animal hospital. I accept all responsibility for the transport of my pet from SGV to a 24-hour animal hospital.	
7. In the event that my pet is unwell and the veterinary surgeon is unable to contact me on the numbers I have provided, I understand the veterinary surgeon will perform any procedures necessary and in the best interest of my pet.	
8. I accept any costs required in the management of my pet during boarding and/or after boarding. I agree to pay all fees at the time of discharge from boarding. I agree to pay all fees required after discharge should problems arise after discharge.	
9. I take full responsibility in regards to the health of my pet during and after boarding.	
10. I am 18 years of age or over.	

Client signature: _____ Witness signature: _____

Print name: _____ Print name: _____

Date: _____ Date: _____