



JOHNSTON
ANIMAL HOSPITAL, PC

Boarding Drop-Off Consent Form

Client's Name _____ Date _____

Pet's Name _____ Age _____ Sex M CM F SF

Dog Cat Weight _____ Breed _____ Colors/Markings _____

Emergency Contact Information

Name _____ Phone Number _____

Drop Off Date _____

Pick Up Date _____

Pick Up Time _____

There is NO pick up service on weekends and holidays.

Standard Fees: Dogs \$16.00/night Cats \$15.00/night

Medication Fees: Add \$4.00/night for all medications administered

Aggressive Animal Fee: Add \$15.00/night if pet is aggressive to our staff

Does your pet require any medication during this stay? Yes No

If yes, what are the instructions? _____

Does your pet get a special diet? Yes No

If yes, what are the instructions? _____

We feed dry Purina Veterinary Diet if you do not bring your own food.

In the event of an emergency or illness while boarding, we will treat your pet for illness at your expense. We want to keep all pets healthy.

**Your pet needs to be current on all vaccinations and free from internal and external parasites. This policy protects your pet as well as other animals. If your pet is not current on vaccinations or shows signs of any parasites, these treatments will be done at your expense. *See Drop-Off Consent Form.

Does your pet have any allergies? Yes No _____

List all personal belongings left with your pet _____

Special instructions _____

Would you like your pet to have a bath before leaving? Yes No

Bath Fee \$ _____ Please pickup after 1:30 to allow drying.

Printed Name

Signature of Owner or Authorized Agent

Thank you, Dr. Ward