



1001 W 15th Street Edmond, OK 73013 405.348.6580 www.pmcofedmond.com

Boarding Consent Form

Client's Name: _____ Pet's Name: _____
Address: _____ Species: Dog Cat
Breed: _____
Color(s): _____
Phone: _____ Age: _____

Do we have permission to e-mail or text you updates? Yes No

Boarding Dates: _____

Dates of last vaccinations:

Canine Distemper/Parvo/Corona _____ Bordetella _____

Rabies _____

Feline (FVRCP) _____ Leukemia _____

Would you like your pet(s) bathed while boarding (0-3 days)? (\$15.00) _____ **yes** _____ **no**
Would you like your pet(s) bathed while boarding (4+ days)? (Free) _____ **yes** _____ **no**
Add 1/2 price Toe Nail Trim (\$8.86)? _____ **yes** _____ **no**
Add 1/2 price Anal Gland Expression (\$12.44)? _____ **yes** _____ **no**

Are any medicines necessary while boarding? _____ **yes** _____ **no**

Give names of any medications and the dosage to be given **(Cost: \$3.40 per day):**

Requirements for Boarding

1. All boarders must be current on required vaccinations.
2. All boarders must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Pet Medical Center will make every attempt to contact you prior to the examination and treatment of your pet. However, in the event that you cannot be reached and treatment is necessary we have your permission to examine and treat your pet as needed.
4. If a tranquilizer is necessary for treatment or handling, Pet Medical Center of Edmond has my permission to administer such medication.
5. Boarders may be picked up anytime from 7:00 AM to 6:00 PM Monday through Friday and 9:00am-3:00pm on Saturdays. Weekend pick-ups may be scheduled for 5:00pm on Sunday, as long as the boarding fees have been pre-paid. There is an after-hours pick-up fee for boarders picked up after hours such as after closing time or weekends.
6. Pet Medical Center of Edmond is not liable for any toys, blankets, beds, etc. destroyed by your pet while being boarded in our facility.

I have read the boarding requirements and understand the hospital's policies.

Signed: _____

Emergency contact name and phone number: _____