# Boarding & Daycare Consent

Authorization for pet boarding or daycare services with feeding instructions and emergency contacts

## Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

## Pet Information

Pet's Name *

Breed *

Weight (lbs) *

Age *

Spayed/Neutered? *

- [ ] Yes
- [ ] No — Intact

## Stay Details

Service Type *

- [ ] Daycare (drop-off/pick-up same day)
- [ ] Boarding (overnight stay)

Drop-Off Date *

MM / DD / YYYY

Pick-Up Date *

MM / DD / YYYY

## Feeding & Medication

Food Brand & Type *

Feeding Schedule

Food Allergies or Restrictions

Does your pet need medication during the stay? *

☐ Yes ☐ No

Medication Instructions

## Behavior & Socialization

How is your pet with other dogs?

☐ Great — loves other dogs ☐ Selective — good with some ☐ Not good — prefers to be alone

☐ Unknown

How is your pet with new people?

☐ Friendly ☐ Shy but warms up ☐ Fearful

☐ Can be aggressive

Is your pet an escape artist (jumps fences, opens doors)?

☐ Yes ☐ No

Special Instructions or Comfort Items

## Emergency & Veterinary Authorization

Emergency Contact Name *

Emergency Contact Phone *

Veterinarian Name/Clinic *

Vet Phone *

If your pet needs emergency medical care and we cannot reach you: *

- ☐ Do whatever is medically necessary
- ☐ Keep trying to reach me before proceeding
- ☐ Proceed up to a dollar limit

Maximum emergency expense

## Boarding Waiver

Boarding & Daycare Waiver:

1. I certify that my pet is current on all required vaccinations (Rabies, DHPP/FVRCP, Bordetella for dogs).
2. I understand that my pet will be in a group environment and that minor scratches, rough play, or stress-related symptoms may occur.
3. I authorize the facility to group my pet with other compatible animals at their discretion.
4. I authorize the facility to seek emergency veterinary care if my pet becomes ill or injured.
5. I accept financial responsibility for any emergency veterinary care provided.
6. I understand that the facility is not responsible for pre-existing conditions that may worsen during the stay.
7. I agree to pick up my pet at the scheduled time. Late pick-ups may incur additional charges.

I confirm that my pet's vaccinations are current and I agree to the terms of the boarding waiver.

I have read and agree to the boarding waiver: _____

## Consent & Signature

I authorize the facility to care for my pet as described above. I have provided accurate health and behavior information. I accept financial responsibility for all services and any emergency care. I release the facility from liability for minor injuries or illness that may occur during the stay.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY