



CCA H Veterinary Services  
 110 Morview Blvd.  
 Morgantown, PA 19543  
 610-286-9065

**Medical Boarding Consent  
 (Repro Boarding use Reproductive Consent)**

<b>Date:</b> _____	<b>Patient's Name:</b> _____
<b>Owner's Name:</b> _____	<b>Phone Number:</b> _____
<b>Purpose of Admission: Boarding - Check all that apply:</b> <input type="checkbox"/> Medications required - see next column <input type="checkbox"/> Diagnostics required: _____ <input type="checkbox"/> Personal Items: _____ <input type="checkbox"/> Special Needs : _____ <b>Other:</b> _____	<b>Please list all medications or supplements:</b> 1. _____ Given AM or PM or Both AM/PM 2. _____ Given AM or PM or Both AM/PM 3. _____ Given AM or PM or Both AM/PM 4. _____ Given AM or PM or Both AM/PM 5. <b>Other:</b> _____

Use this space for any additional information or requests while your pet stays with us:

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**Additional notes:**

- If your pet is found to have fleas upon admission, a flea product will be administered and charged. This is necessary to protect the other animals in the hospital and kennel.
- Payment in full is required at time of services rendered. A deposit may be required.

I, the undersigned, am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, as well any medications that may be given or dispensed for my pet. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. Should life-saving emergency care be required, I authorize CCAH Veterinary services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that if my pet remains hospitalized, there will not be overnight supervision provided. I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness or even death. I release CCAH Veterinary Services from any and all liabilities.

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CCA H Staff Only: Staff Initials:** \_\_\_\_\_

**For CCA H Staff only to ensure completeness and staff initials:**

- \_\_\_\_\_ Absent Owner Form **MUST** be filled out and signed if owner is out of town/unreachable
- \_\_\_\_\_ Diabetic boarders also fill out Diabetic Admission Form
- \_\_\_\_\_ Critical Care Level Form **MUST** be filled out for all admissions