



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

Medical Boarding Consent
(Repro Boarding use Reproductive Consent)

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

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

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.

I am aware of the estimated costs of my pet's services, which is \$ _____ to \$ _____. I understand this estimate is for informational purposes only and is not a guarantee that the actual costs incurred will fall within the above referenced ranges. I understand that payment is required in full when my pet is discharged from the hospital. In the event that my pet dies or is euthanized while hospitalized, full payment is due immediately. A deposit may be required at the time of admission.

Owner/Agent Initials: _____ **CCA H Doctor Initials:** _____

I, the undersigned, am the owner or agent for the owner of the animal described above. I have the full and exclusive authority to execute this consent and am over 18 years of age. I give permission to doctors, staff, authorized agents, or representatives of CCA H Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I am aware of the risks and complications associated with any surgery, anesthesia, hospitalization, procedure, and 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. If life-saving emergency care is required, I authorize CCA H 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 and 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 and even death. CCA H Veterinary services strives to provide the best in veterinary services; unfortunately, no guarantee can be made regarding the outcome of the services provided. I release CCA H Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ **Date:** _____
Owner/Agent Printed Name: _____

CCA H Staff Initials Only: _____
Critical Care Level Form _____ **Absent Owner Form** _____ **Diabetic Form** _____