

Paws and Claws Boarding and Grooming

Boarding Consent Form

Owner's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile phone: _____

Email: _____

Emergency Contact (Name & Phone) _____

Pet's Name: _____

Please circle one:

Species: Canine / Feline Sex: Intact Male / Intact Female / Neutered male / Spayed female

Breed: _____ Age/Birthdate: _____

Special diet/medications:

1. I am the owner or agent for the owner of the above described animal.
2. I understand that during the time my animal is boarded at Paws and Claws, unforeseen conditions may arise necessitating medical testing and treatment by a veterinarian. I hereby authorize The Animal Center to perform any tests or treatments that are deemed necessary in the exercise of the veterinarian's professional judgment. I agree to pay for any charges that are incurred at this time.
3. I have read and do understand this consent and hereby voluntarily execute my consent.

Owner/Agent Signature

Date

Veterinarian Signature