

SUNSET VETERINARY CLINIC

Boarding Consent Form

Owner's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ (available # during boarding period)  
Pet's Name(s) \_\_\_\_\_

As the owner or authorized agent for this pet, I hereby agree to the following:

**Vaccines**

I understand if I do not have a current vaccination record to present upon admission, my pet will be vaccinated in order to be boarded. The required vaccines are: DHLPPC (within 1 year for dogs), BORDATELLA (within 1 year for dogs), FVRCP (within 1 year for cats), and RABIES (within 1-3 years depending on vaccine used for dogs and cats). I authorize Sunset Veterinary Clinic to update my pet's vaccination(s) if necessary.

**Flea and Tick**

I understand that if fleas, ticks, or other external parasites are noted, I authorize Sunset Veterinary Clinic to treat my pet with the appropriate medication as determined by the veterinarian.

**Medical Treatment**

I understand that in the event of an emergency, illness, or injury my pet will have treatment provided at my cost, that there is no guarantee of successful treatment and that the veterinarian will attempt to contact me as soon as possible. I assume all financial responsibility for all medical treatment.

**Check-In/Check-Out**

I understand that I will be charged for the day of drop off (no matter what time), the following days being boarded, and will only be charged for the day of pick-up **IF MY PET IS CHECKED OUT AFTER 12PM NOON**. I also understand that Sunset Veterinary Clinic has **NO AFTER-HOURS PICK-UP TIMES**. If I need an after-hours pick-up, it is my responsibility to make prior arrangements with the employee responsible for kennels that particular weekend or holiday.

SIGNED: \_\_\_\_\_ (Owner or Authorized Agent)

DATE: \_\_\_\_\_