

Hopi Animal Hospital
DAYCARE CONSENT FORM

Pet Name: _____ Date: _____

Please fill out completely and then read, sign, and date the bottom of this form

Emergency Contact: _____ Phone # _____

Is your pet good with other animals? YES/NO

Is your pet TOY or FOOD aggressive? YES/NO

Do you want us to feed your pet while in daycare? YES/NO

If yes, diet and feeding instructions? _____

(if you have not provided food, we will feed Purina EN)

Are treats ok? YES/NO

Please list any medications your pet is currently on and the times they need to be given:

_____ @ _____ AM/PM or every _____ hours

_____ @ _____ AM/PM or every _____ hours

Please list any medical concerns we need to be aware of OR if your pet has any special needs:

VACCINATION / FLEA AND TICK REQUIREMENTS: Hopi Animal Hospital requires that all animals boarding at our facility are current on their vaccinations and flea and tick preventative.

DOGS: (due date)

CATS: (due date)

Flea/Tick Treatment: (\$17)

DA2PPV: _____

FVRCP: _____

_____ (If due, please initial)

BORDETELLA: _____

FELV: _____

Treated at home Date: _____

RABIES: _____

RABIES: _____

Current

K9 INFLUENZA: _____

PLEASE READ PRIOR TO SIGNING!

ILLNESS EXPOSURE: There is possible exposure to other animals and/or contagious diseases when you elect to board your pet. Through vaccination requirements and disinfecting protocols, we do our best to avoid this problem; however, illness does sometimes occur since animals can have a contagious virus without showing any clinical signs and therefore is unknown to us. **For this reason, Hopi Animal Hospital will NOT be responsible for any illness your pet may contract and you will be responsible for the cost of treatment during or after your pet's stay.**

**With my signature hereunder, I have read, understand and agree to the terms on this contract.*

Furthermore, I understand that I am electing to board my animal in an environment with other animals and will solely be responsible for any fees for medications and/or treatment if they should become ill during or after their stay.

Client Name (please print): _____

Date: _____

Client Signature: _____