

**Animal Medical Care
984 Thompson Bridge Road
Gainesville, GA 30501
770-532-1217
Boarding Consent Form**

Client Information

Client Name: _____

Phone Number: _____

Emergency Contact Name & Number: _____

Pet Information

Pet Name: _____

Arrival Date: _____ **Departure Date:** _____ **Kennel Type:** _____

Diet Brand/Type: _____ **Amount to feed:** _____

Frequency of feeding (Check a box) : Once Daily AM only PM only Twice Daily

Medical Needs/Medication(s): _____

Time/Date of last dose of medication(s) given: _____

Personal Belongings: _____

Grooming Services (Check a box): Groom Bath None **Groom/Bath Date:** _____

Has your pet shown any of the following symptoms:

Diarrhea No/Yes **Vomiting** No/Yes **Sneezing** No/Yes **Coughing** No/Yes **Itching** No/Yes

Would you like a Doctor to examine your pet while he/she is here boarding: No/Yes

In case of illness or injury, I the undersigned, do hereby give my consent for the doctors at Animal Medical Care to treat, prescribe, or operate upon my pet(s) if he/she becomes sick/ill while boarding at Animal Medical Care. AMC will attempt to contact me with the contact numbers provided. In the event AMC is unable to contact me, I authorize AMC to give appropriate treatment for the health and well being of my pet. I also understand I will be held financially responsible for any cost incurred. Please be advised that there is an additional fee per day to administer medications to your pet while he/she is boarding.

Signature: _____ **Date:** _____ **AMC Staff Initials:** _____