

# PET BOARDING WAIVER AND CONSENT FORM

**Boarding Start Date:**

**Boarding End Date:**

Pet Owner Information			
First Name		Last Name	
Phone Number	Email Address	Contact Preference	
Street Address	City	State	Zip Code

Pet Information		
Pet Name	Breed	Age
Gender	Color	Animal Type

Medical Information	
Is your pet fully vaccinated?	
List all medications and dosage requirements	
Describe any diet retrictions or allergies	

I confirm that I own the pet or I was given authority by the owner for taking ownership of the pet. I confirm that this pet is currently in good health and has complete and updated vaccinations. I confirm that my pet does not have any flea or communicable diseases.

I acknowledge that the pet should have a safety collar.

I release the employees and owners from any liabilities but not limited to injury, sickness, damage, accident, or death while in the facility.

If my pet needs medical attention, I authorize to have it evaluated by the in-house veterinarian.

I confirm that all information entered in this form is true and accurate.

**Client Signature:**

**Date:**