**Boarding Consent Form Date:**

Please carefully review and *initial* each section.

I hereby certify that my pet is currently receiving flea preventative

If not, or if fleas are found on my pet, I consent to appropriate treatment at my expense.

I hereby certify that the following vaccinations are current, and have been administered at least 7 days prior to intake for boarding. Please provide a vaccine certificate.

Canine Vaccines

1. Rabies
2. DA2PP (Distemper/Adenovirus/Parvovirus/Parainfluenza)
3. Bordetella

Feline Vaccines

1. Rabies
2. FVRCP (Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia)

If my pet is extremely anxious while being boarded, I consent to a veterinary examination and the prescription of an appropriate medication at my expense.

In the event of injury, illness or findings of any parasites I consent to a veterinary examination and to medical treatment at my expense.

I understand that my pet will be unattended overnight.

I understand that boarding may cause excessive stress to pets that are elderly or are in poor health, which may lead to unexpected death. If such an event occurs, I release North Simcoe Veterinary Services from all liability.

I acknowledge that if I do not claim my pet within 10 days of the scheduled boarding end date, and I have failed to contact North Simcoe Veterinary Services with further instructions, North Simcoe Veterinary Services may attempt to contact me as outline in the *Practice Standards of the Veterinarians Act 1093*. If North Simcoe Veterinary Services is unable to contact me, I give them the right to transfer ownership of my pet to an animal shelter or third-party owner.

**Pet Name:**

**Owner Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_