



Boarding Consent Form
Main Street Veterinary Hospital
1067 36th Avenue NW
Norman, OK 73072
(405) 329-6555

Animal's Name: _____ **Emergency contact #:** _____

Pick-Up Date: _____

Off-hours drop-offs and pick-ups are available for an \$11.00 fee. Ask the receptionist for details.

Would you like your pet to be bathed during its stay (Free with 5 nights of boarding)? Yes No

If boarding multiple pets, would you like them housed in the same cage? Yes No

Current vaccinations are required for all animals staying in our boarding facility. If vaccine history is not provided, this animal will be vaccinated at the owner's expense.

-Name of clinic where vaccines were given (if not here): _____

Would you like your pet to be examined by a doctor during its stay? Yes No

-Required for animals receiving vaccinations (additional cost is \$35.30)

If so, please describe any symptoms you are concerned about: _____

Please specify any additional services you would like your pet to receive:

If fleas are found on your pet, they will be treated with Capstar at an additional charge of \$7.30.

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved. I further understand that payment in full is expected upon pickup of my pet for all of the procedures performed while my pet is here. I am aware that an estimate is available upon request.

Owner or Responsible Party

Today's Date