

## Boarding Consent Form

**Client Details:**

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

**TERMS AND CONDITIONS OF BOARDING**

- All pets must have up-to-date vaccination, worming and flea treatment. If not, they will be treated at a cost to the owner.
- While we will make every attempt to obtain the consent of the owner or an authorized agent before treatment, should an owner/agent not be reached, necessary care will be provided, and costs will be the responsibility of the owner.
- I authorise Willoughby Veterinary Hospital to carry out any treatment that may be deemed necessary while my pet is under their care. YES / NO
- In the event that the owner/agent cannot be contacted and my pet requires treatment, I authorise Willoughby Veterinary Hospital to carry out the necessary treatment up to the amount of \$\_\_\_\_\_ (please indicate a maximum amount).
- I am an authorized owner/agent for this pet. I have read and understand all the terms.

**Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_