

*Sundown Kennels and*  
**Laytonsville Veterinary Practice**  
Boarding Consent Form

Initial of checked in ( )  
Checked into computer ( )  
Written in record ( )  
Current vaccinations ( )  
Appointment scheduled ( )

Client ID: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Patient ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Weight: \_\_\_\_\_

I, the undersigned, request boarding of my pet(s) listed above from \_\_\_\_\_ to \_\_\_\_\_. During this time, I will be at \_\_\_\_\_ and may be reached at telephone number \_\_\_\_\_. If I am not reachable, please allow \_\_\_\_\_ to be called, at telephone number \_\_\_\_\_ to assist in any decisions to be made regarding emergency treatment. In the event that I am not reachable, I authorize Laytonsville Veterinary Practice to treat, medically and surgically, any emergency situation that may arise with my pet(s), and I will be responsible for any fees incurred. If a non-emergency health concern is identified by a technician during boarding (example: ear infection), I agree to allow one of the doctors at Laytonsville Veterinary Practice to examine and treat the condition, and I will be responsible for any examination and medication fees incurred.

I understand that times set for drop-offs are between 2 p.m. and 7 p.m. Monday through Friday and 2 p.m. through 4 p.m. on Saturday. I may pick up my pet(s) anytime between 8 a.m. and 12 p.m. Monday through Saturday and 11 a.m. to noon on Sunday. I understand that there will be no pickups or drop-offs on major holidays. I will call if my plans change and I need to pick up my pet(s) sooner or later than I originally indicated. Notice: Additional charges will be applied to drop-offs or pick-ups outside of the designated times.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Feeding Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Personal Items:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_