

McPherson Veterinary Services  
Boarding Consent

Client/Pet Information

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

Pet's Name : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Drop Off : \_\_\_\_\_ Pick Up : \_\_\_\_\_

Does your pet need any of the following during their stay/before pickup? (please circle)

**BATH      NAIL TRIM      VACCINES      ANAL GLAND EXPRESSION**

If your Pet is on any medications please list along with frequency :

\_\_\_\_\_

**All animals boarding MUST be current on DAPPV, FVRCP, Bordatella and Rabies Vaccinations.  
If your pet is not up to date we will vaccinate them during their stay at your expense.**

List all items brought for your Pet :

\_\_\_\_\_

Does your Pet have any known allergies? : \_\_\_\_\_

What will your Pet be eating? (circle one)

**HOUSE FOOD**

**OWN FOOD**

*I am the owner of the animal(s) described on this form and have the authority to execute this consent.  
I give McPherson Veterinary Services consent to perform the services which are necessary to the  
Examination, medication and treatment of the animals specifically described and identified on this  
form. I authorize McPherson Veterinary Services to perform any medical care needed in the case of an  
emergency. I understand any animal found to have external or internal parasites will be treated at my  
expense. I assume financial responsibility for all charges incurred and understand that full payment is  
required upon discharge.*

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date