



FLORIDA VETERINARY HOSPITAL

Boarding Consent Form

OWNER	<input type="text"/>	CONTACT NUMBERS	<input type="text"/>
NAME	<input type="text"/>		
BREED	<input type="text"/>		
DESCRIPTION	<input type="text"/>		
MICROCHIP	<input type="text"/>		
WEIGHT	<input type="text"/>		
			<input type="text"/>

All pets must be fully vaccinated at least two weeks before boarding. If this has not been done at this practice, then a valid certificate must be produced with this booking form. Any veterinary treatment deemed necessary during the period of boarding will also be charged for at standard rates.

ARRIVAL DATE	<input type="text"/>	ARRIVAL TIME	<input type="text"/>
DEPARTURE DATE	<input type="text"/>	DEPARTURE TIME	<input type="text"/>

I give authority to the Florida Vet Hospital to carry out any treatment that may be deemed necessary whilst the _____ is under their care.

SPECIFY PAYMENT METHOD	<input type="text"/>
SIGNATURE OF OWNER / AGENT	<input type="text"/>
PRINT NAME	<input type="text"/>
DATE	<input type="text"/>

SPECIAL REQUESTS :-