

**Rancho San Carlos Pet Clinic, Inc.,
7850 Golfcrest Dr.
San Diego, CA 92119**

Ph.: (619) 462-6820 Fax: (619) 460-2802

Boarding Consent Form

Client Name: _____

Pet: _____

Arrival Date: _____ **Departure Date:** _____

Are any medications necessary while boarding? (An additional fee is charged per administration of medications.) _____ Yes _____ No

Give names of any medications and the dosage to be given:

Is a special diet necessary while boarding? (No additional fee is charged, but food is to be provided by owner.) _____ Yes _____ No Type of food: _____

How many times a day do you wish your pet to be fed? _____

How much is to be fed at each feeding? _____

The following items will be left here with your pet. (I understand that items may become chewed, soiled, or possibly lost.)

Initial here to give consent for FREE Capstar on day of entry: _____

(Consent is required for boarding. By giving Capstar we assure that individuals do not bring fleas into the kennel, and that no fleas go home with your pet.)

In case of emergency I authorize the doctor to:

_____ Please treat my pet. I assume full responsibility for the treatment expense involved.

_____ Contact me before treating my pet.

Signed: _____

Emergency Contact Numbers: _____
