

# Creekside Animal Hospital

**Dr. Lori Gee**  
**5220 NW Cache Rd.**  
**Lawton, OK 73505**  
**580/351-0581**

## **BOARDING CONSENT FORM**

**Date:** \_\_\_\_\_

Owner's Name	Contact Number	Emergency Number
Pet's Name	Breed/Color	Weight
Special Feeding Instructions/Medical conditions we should be aware of	List all medications and the dose you are currently giving	Belongings
Drop-Off Date	Pick-Up Date	Does this pet have any known allergies?

### CONSENT

- I understand that reasonable precaution will be observed by the clinic to prevent injury, escape, or death of my pet(s) and I agree not to hold the clinic or staff liable provided reasonable care and precautions are followed.
- I understand that my pet(s) will be checked for fleas and ticks and treated at my expense if necessary.
- Any illnesses that develop while my pet(s) is boarding will be treated as I indicate below:

<input type="checkbox"/>	I wish to have my pet(s) treated for illnesses occurring while boarding as long as the cost does not exceed \$150.00
<input type="checkbox"/>	I wish to have my pet(s) treated for illnesses occurring while boarding only after contacting me first. I understand that if I cannot be reached, my pet will NOT be treated.
<input type="checkbox"/>	I do NOT wish to have my pet treated for any illness occurring while boarding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date