

## UVH Bathing, Boarding and Day Patient Consent Form

Owner's/Authorized Agent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Picture Permission for team education and UVH Social Media:  YES  NO

Check-In Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Patient	Treatments/Services needed	Bath before going home!
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

*In order to provide a flea free environment, all pets staying in our facility are given a Capstar® flea tablet upon arrival.*

**Medications:** *if your pet is on medications they must be brought in the original container, please do not presort medications with treats, foods, or in daily baggies. \*\*All medications require labels with prescription instructions.*

Patient	Medication	Instructions

**Nutrition:** *If you are bringing a diet/treats from home or if your pet is on a prescription diet, please indicate brand, and instructions on amount to feed or how to feed, ie prefers warm, etc. \*\*All canines are fed a gastrointestinal low fat dry kibble and felines are fed an adult dry kibble.*

Patient	Special Diet/Treats	Instructions

**Personal Belongings:** If you are bringing your pets personal belongings please have all of them tagged and identified. UVH does provide waterproof personalized collars for all patients and boarders; the wearing of collars from home is not permitted for safety. If a pet soils personal bedding, it will be washed and then placed with your pets other belongings. All pets are given fresh bedding daily and when needed special orthopedic mats are provided.

<b>Patient</b>	<b>Personal Belongings</b> All items tagged? <input type="checkbox"/> YES

**Vaccination and Parasite Policy:** In order to protect the health of your pet, UVH requires documentation showing that all pets that will be using inpatient, outpatient, bathing, or boarding services as UVH have current vaccinations and IPS. **\*\*Required vaccinations/tests for dogs are DHLPP, Bordetella, and Rabies within the past year as well as an Intestinal Parasite Screening within the past six months. \*\*Required vaccinations/test for cats are FVRCP and Rabies within the past year as well as an Intestinal Parasite Screening within the past six months. *If any pets are not current for any of these vaccinations or tests, they will be updated while boarding at owner's expense.***

If your vaccinations were not administered by UVH, please indicate where your pets were vaccinated so records may be obtained for verification.

Immunizing DVM/Practice Name: \_\_\_\_\_

Clinic phone: \_\_\_\_\_

**Authorization and Risk Assessment**

I hereby certify that I am the owner of the above named animal(s) or I am responsible for it and have the authority to execute this consent. University Veterinary Hospital will provide a safe and comfortable environment for your animals while they are under our care. If your pet becomes ill or something occurs, you will be contacted by the phone numbers listed so that treatment recommendations can be discussed. In cases where you are unable to be reached, if treatment is necessary for the safety or health of your pet, treatment will be provided.

I authorize University Veterinary Hospital to perform any diagnostic, treatment or surgical procedure(s) deemed necessary if any unforeseen circumstances arise and I am unable to be reached. I will not hold University Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise. I assume full financial responsibility for all services rendered.

I have read and fully understand this consent form. My signature on this consent form indicates that any questions have been answered to my satisfaction.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date