

Ness Exotic Wellness Center

BOARDING CONSENT FORM

Client Name: _____

Length of your pet's stay: _____ to _____

Phone Number's: (while you are away)

Local Contact (in case of emergency)

Primary: _____

Name: _____

Relationship: _____

Secondary: _____

Phone: _____

Client Address: _____

Address: _____

Patient Name: _____

D.O.B.: _____

Sex: Male Female Unknown

Neutered/Spayed: Yes No Unknown

Species: _____

Breed: _____

Color: _____

Allergies: Yes No Unknown

If YES, please list allergies: _____

DIET:

MEDICATIONS/SUPPLEMENTS/TREATMENTS:

Please list any current medical problems, symptoms, or health/behavioral concerns:

Please list any previous medical problems:

Please list any special instructions or information in that we should know in regards to boarding, handling, cleaning, and feeding your pet so that we can provide the best experience for them:

Please list a description and amount of any items dropped off along with your pet:

I _____ hereby give consent to Ness Exotic Wellness Center to provide boarding services for my pet(s) _____ from the dates of: _____ through _____. I understand that unforeseen conditions may require a medical or surgical procedure, immediate resuscitation, and/or treatments. I understand that I assume all risks and associated costs. If I am unable to be reached at the contact information I have listed above, I hereby authorize the performance of such procedures as necessary, and advisable for the welfare of my pet in the professional judgment of the veterinarians on staff at Ness Exotic Wellness Center.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Required Procedures/Testing:

Avian

Date

- Standard Exam (Within 6 months) _____
- Avian Chemistry Profile (Annual) _____
- CBC (Annual) _____
- Bile Acid (Annual) _____
- Chlamydomphila: DNA PCR Swab or AB Titer (Within 2 years) _____

Mammal

Date

- Standard Exam (Within 6 months) _____
- Mammal Chemistry Profile (Annual) _____
- CBC (Annual) _____

Ferrets only: Current Vaccinations:

- Rabies Vaccination and/or Rabies Vaccination Titer _____
- Distemper Vaccination and/or Distemper Vaccination Titer _____

Reptile

Date

- Standard Exam (Within 6 months) _____
- Reptile Chemistry Profile (Annual) _____
- CBC (Annual) _____
- Fecal Exam – Direct Smear & Float (Annual) _____

*** Exemption(s) of _____ services and/or testing as approved by Dr. _____ on the date of _____, due to _____.