

MURRAY ANIMAL HOSPITAL, INC.
1601 College Farm Road
Murray, KY 42071



BOARDING CONSENT FORM

I, _____, am boarding my (pet)s at Murray Animal Hospital. I understand that my pet(s) is required to be current on all vaccinations listed below.

Canine Vaccinations

1. DHLPP
2. Rabies
3. Bordetella

Feline Vaccinations

1. FVRCP
2. Rabies
3. Bordetella

If my pet is not current on these vaccinations or I do not provide proof that these vaccinations have been given by a licensed veterinarian, I understand these vaccinations will be given at the time of check in. I also understand that in addition to the cost of boarding, I will also be responsible for the cost of these vaccinations.

Please Choose **One** of the following:

I authorize Murray Animal Hospital to provide medical care for any problem(s) that may arise.

I want to be contacted before any medical care is given to my pet(s).

Emergency contact number(s): _____

Signature

Date: _____