

Mill Creek Veterinary Hospital Inc.
AUTHORIZATION AND CONSENT FORM
8202 State Hwy 99 E
Los Molinos Ca 96055
530-384-1700

Help us meet your needs by completing the important information below. **Please Print**

Client Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone:() _____ **Cell Phone:()** _____ **Emergency:()** _____
Email: _____

Pets name: _____ **Canine/Feline** **M/F** **S/N** **Color:** _____ **Age:** _____

Boarding Dates: _____ **to** _____

- I am the owner or agent for the above described animal and have the authority to consent to boarding. I understand that during boarding, unforeseen conditions may be encountered that necessitates medical treatments. I hereby consent and authorize the performance of such treatments as necessary and describe in the exercise of our veterinarian's professional judgment. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I understand I can pick up my pet(s) anytime between 8am-5pm and there will be no pickups or drop-offs on weekends or holidays.
- For your pet's protection, all vaccinations must be current, and will be given if needed. If your pet is behind or has not been properly vaccinated , this must be accomplished 10-14 days prior to boarding.
- Although we try to control exposure to fleas, it is difficult for us to completely eliminate fleas in the environment or our facility. Since so many animals come in and out of our doors daily, we require a flea treatment on your pet when checking in if it is not currently on a monthly treatment program .
- Please indicate any additional services requested during your pets stay :

____ Examination ____ Flea Treatments
____ Microchip ____ Heartworm test
____ Fecal test for parasites ____ Nail trim

____ Vaccinations Needed:

We recommend that you be present for the doctor's examination if vaccines are due for your pet ,if unable to do so – please state any questions you may have for the Veterinarian.

Other instructions:

During your pet's stay with us, it is a good time to focus on routine health procedures. Some may include anesthesia or testing. Please discuss the following with the doctor.

- Dental prophylaxis
- Drug monitoring blood work for animals on medications
- Senior wellness screening (recommended for 7+ years)
- Minor surgical procedures (such as lump removals,etc.)

Emergency Contact:

Name: _____

Phone: _____

Medical Illness Policy: If your pet(s) becomes ill or in need of emergency medical services while in our care, we will make every attempt to reach you or your designated emergency contact regarding symptoms, treatment options and costs. The owner or emergency contact of the pet in our care is responsible for all medical expenses incurred in addition to boarding fees.

Vaccination/Flea policy: All canines in our care must be current on DHPPC, bordetella, rabies . All felines in our care must be current on FVRCP and rabies. All pets will be checked for fleas . Treatment with Vectra3D/Comfortis is strongly recommended prior to boarding. Any flea treatment done in house will be an incurred cost in addition to boarding .

Thank you for giving us the opportunity to care for your pet.

Signature of Owner

Date

