

Pet's Name: _____

DAYCARE CONSENT FORM

This form will be kept on file and used to help us take the best care of your pet.

Broadway Animal Hospital requires all dogs participating
in our day care program be up to date on the following vaccinations:

RABIES, DISTEMPER COMBO, BORDETELLA, INFLUENZA

We also request that your pet receive a deworming or fecal examination within 6 months of staying with us to decrease the prevalence of parasitic and other diarrhea-causing agents.

- In case non-emergent medical care is needed, I authorize the doctor to diagnose & treat my pet as follows. (NOTE: All emergencies will be immediately treated by our medical staff.) All new patients will require a physical examination by a veterinarian.

_____ Treat first, and then contact me at the number below.

_____ Contact me before treating.

- Sometimes guests make a friend and feel less lonely when kenneled together.

_____ Yes, my pet may room with others.

_____ No, I prefer my pet to room alone.

_____ I would like my pets to kennel together, separately from the other guests.

SHOULD WE FEED YOUR PET WHILE HERE?: _____

I, _____, acknowledge that my pet is group housed and may have contact and interact with other animals while staying at Broadway Animal Hospital's kennel facility. I also certify that my pet is, to the best of my knowledge, free of infectious diseases. I have read the information above and authorize Broadway Animal Hospital to update my pet(s) vaccinations and/or fecal analysis should it be necessary.

Signed: X _____ Date: ____/____/____

Daytime Phone #(s): _____

Your Pet's Veterinarian/Animal Hospital: _____