

VCA Parkway Animal Hospital
1610 Old Apex Road
Cary, NC 27513
(919) 460-0741
Fax: 460-1296



INFORMED CONSENT FOR BOARDING, HOSPITALIZATION, AND/OR TREATMENT

Date: _____

Client: _____

Animal: _____

*I understand that 24 hour supervision of my animal(s) is not provided at this hospital. **Initials:** _____

*I understand my pet is required to have been examined by a doctor at VCA Parkway Animal Hospital within 12 months of boarding **Initials:** _____

*I understand my pet is required to be current with the following vaccinations/procedures:

Dogs

- Rabies
- Kennel Cough
- Canine Distemper/Parvo
- Heartworm, flea, & tick prevention
- Fecal/Deworming (within 6 months)

Cats

- Rabies
- FVRCP
- Flea prevention
- Fecal/Deworming (within 6 months)

If any of these vaccinations or treatments are past due, my pet will be automatically vaccinated. Also, I understand that I am responsible for the charges for such treatments and vaccinations. **Initials:** _____

*I also understand that my pet will automatically be treated if any of the following are detected:

- Fleas and/or ticks
- Intestinal parasites **Initials:** _____

Should your pet become ill, the staff at VCA Parkway Animal Hospital will make an effort to reach you, or your authorized agent, prior to initiating treatment.

*I authorize the veterinarians to perform the diagnostic and/or treatment/procedures deemed advisable for my pet. I understand that the veterinarians will attempt to contact me after a diagnosis is made to discuss the necessary treatment options. I agree that payment will be due, in full, upon the discharge of my pet. **Initials:** _____

Client Signature

Date

Client phone (while pet is boarding): _____

ALTERNATE CONTACT INFORMATION:

Name/Relationship: _____

Phone: _____