

Mueller Veterinary Services

8605 Hanover Industrial Drive
Columbia IL

Boarding Consent Form

Date of

Client Name:

Address:

Phone:

Patient Name:

Breed:

Color:

Age:

1. All pets boarding must be patients of Mueller Veterinary Services and current on vaccinations including: Rabies, DHPP(C)(L), and Bordetella.
2. If parasites, fleas, ticks, or mites are found on your pet, or they experience stress diarrhea during their stay, they will be treated as Mueller Veterinary Services determines, and the cost of the treatments will be added to the total bill.
3. If your pet is found to be aggressive or dangerous to the staff or other animals, precautions and/or treatment will be used and added to the total bill.
4. All reasonable precautions will be used to prevent injury and/or escape of your pet during their stay. Mueller Veterinary Services is not responsible for the actions of your pet that may cause injury and/or escape.
5. Full payment of bill is due upon your pet's departure. If the pet is to be picked up by someone other than the owner, prior payment arrangements must be made with Mueller Veterinary Services.

In the event the medical condition of your pet(s) changes while in the care of Mueller Veterinary Services, and you and/or your emergency contact is unreachable, the doctors and medical staff will use their best medical judgement in the treatment of your pet(s).

Please choose ONE of the following options:

_____ Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet(s). I accept full financial responsibility for all charges related to the treatment of my pet(s).

_____ Treat my pet as needed, but do not exceed \$_____.

SIGNATURE _____