

# Consent Form for Frequent Boarders - Valid for a duration of 12 months.



Old Naas Road,  
Kingswood Village,  
Dublin 22  
Tel: 087 8141178 / 085 1493523

Date: \_\_\_\_\_

## Owner's Details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

## Pet's Details:

Pet's Name: \_\_\_\_\_ Duration Of Stay: My pet is a frequent boarder, therefore this consent form is valid for a period of 12 months from the date shown at the top of this form.

Breed: \_\_\_\_\_ Is your pet currently on any medication?: Yes No

Date of Birth: \_\_\_\_\_ If yes, then please state what medications:  
\_\_\_\_\_  
\_\_\_\_\_

In the rare event of an emergency or should your pet require veterinary attention during their stay, do you consent to your pet receiving any medical treatment that is necessary and required? This includes the administration of anaesthetic. Yes No

Do you wish to be notified if medical treatment is required? Yes No

If yes, then please provide the best form of contact for this should it be required:

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do we have permission to attend our local vets if required? Yes No

Please provide details of your veterinary practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form, you are authorizing this establishment to take over the full care of your pet for the entire duration of their stay. In the case of an emergency or should your pet require veterinary care, you are authorizing this establishment to seek immediate professional veterinary attention. This consent form remains valid for each individual time my pet boards at this establishment throughout a 12 month period.

Owner's name in block capitals:

Owner's Signature:

\_\_\_\_\_

\_\_\_\_\_