



16361 Hwy 26  
Jennings, LA 70546  
(337)-824-0703

[Fontenotanimalhospital1@gmail.com](mailto:Fontenotanimalhospital1@gmail.com)

## Boarding Consent Form

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

- Boarding In Date: \_\_\_\_\_
- Boarding Out Date: \_\_\_\_\_

**Please Let us know of any services you would like for your animal to have performed while boarding.**

- ❖ Exam
- ❖ Bath on pick up
- ❖ Nail Trim
- ❖ Anal Gland Expression
- ❖ Yearly Vaccines/Heartworm Test/Preventative
- ❖ Flea Prevention

**Please note any special needs your pet may have while boarding with us: (Diet/Medications)**

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**The sure way to my pet's ❤️ is:**

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I hereby authorize Fontenot Animal Hospital to treat my pet for any conditions or illness while boarding. I assume financial responsibility for all services rendered, and I am aware that payment is due on the date that I pick up my pet.

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Signature

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Date