



RESTRICTED MEDICATION BOARDING CONSENT FORM

Pet Name: _____ Species/Breed: _____

Owner's Name: _____

Medication(s) and Reason for Treatment:

1. _____

2. _____

3. _____

4. _____

By signing this document, I am acknowledging that _____ the above-named pet has been under my care. I certify that the patient has been on the above medication for at least 30 days and is stable with no adverse effects.

As of _____ (today's date) I acknowledge that the pet in my care has been cleared to be in a boarding environment.

Name of Veterinary Practice: _____

License # _____ Phone Number: _____

Name of Veterinarian: _____

Veterinarian Signature: _____



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Owner understands that *any boarding experience can be stressful for some pets* and such that stress can cause suppression of the immune system and can exacerbate any underlying physiological problems of the pets relating to age and breed. As a result, said pets could manifest problems relating to known or unknown pre-existing or current health issues. Owner further understands and agrees that Best Friends Pet Care, Inc. and its affiliates (collectively, "Best Friends") is not and cannot be responsible for any preexisting or current health condition, known or unknown, that is exacerbated or manifested during their stay. I fully and forever release and discharge Best Friends from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or equity, that may arise from while boarding my pet that are related to any preexisting or current health condition of my pet. I agree not to make or bring any such claim or demand against Best Friends.

Owner First and Last Name: _____

Address: _____

Phone Number: _____ Date: _____

Owner Signature: _____

**Completion of this form is not a guarantee of services. Please reach out to the hotel team with questions.*