

AUTHORIZATION FOR BOARDING

Client # _____

Today's Date: _____

Pet's Pick-Up Date: _____

Owner's Name: _____

Pet's Name: _____

Emergency Phone No.: _____

Pet's Weight: _____

Local Contact Person: _____

Special Diet: _____

Phone No.: _____

Medication: _____

Personal Items: _____

PLEASE INITIAL IF YOU WOULD LIKE TO USE THE HEALTH PROGRAM:

9.65
\$9.10 PER ANIMAL PET HEALTH PROGRAM. THIS PROGRAM COVERS UP TO \$150.00 PER STAY FOR ILLNESS. IT EXCLUDES ANY PRE-EXISTING CONDITIONS.

Your pet's well being is of utmost concern to us. We will do everything in our best judgement to see that your pet is well cared for and kept in a clean, dry environment. In the event health care is required during your pet's stay, we will make every effort to contact you. If we are unable to do so, is there a dollar amount to which you would like to limit treatment? If so, please note the amount: \$ _____.

DESIRED TREATMENT WHILE BOARDING

THERE ARE CHARGES FOR THESE SERVICES.

ALL VACCINATIONS INCLUDING RABIES MUST BE CURRENT.

Vaccinations needed: _____

Exam: _____

Nail Trim: _____

Misc.: _____

If you would like your pet(s) to have a bath, there is a fee. Contact clinic for current pricing

YES

or

NO

We trust your pet is free of fleas and ticks. If your pet has external parasites, we have a responsibility to prevent infestation of our other guests. We hope you understand the need to treat your pet accordingly at your expense.

For the protection of your pet we require that all dogs are current on DHLPPC, RABIES and CANINE BORDETELLA. Cats must have FEV/FVRCP and RABIES.

Owner's Signature: _____