



## Authorization for Boarding

Date:  
 Owner's Name:  
 Case No:  
 Address:

Phone:

Pet's Name:  
 Breed:  
 Sex:  
 Age:  
 Color:

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize East Padden Animal Hospital to board the above stated pet and to medicate if needed. If this pet is found to have fleas during check-in exam, he/she will be treated with Capstar and either Frontline (dogs) or Revolution (cats).

**UP-TO-DATE VACCINATIONS ARE REQUIRED** (Dogs: Rabies, Distemper, Bordatella. Cats: Rabies, Distemper/Leukemia.)

Check-in Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_

Anticipated Pick-up Date: \_\_\_\_\_

(Boarding charges run from midnight to midnight. That time period is broken up into half days, with the cut-off time being noon.)

**EMERGENCY CONTACT PERSON/NUMBER:** \_\_\_\_\_

**MEDICATIONS:** (There will be additional charges for medication administration.)

MEDICATION	DOSE/FORM	DOSAGE	HOW OFTEN

**FOOD:**

Special Diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_ (can/dry)

Owner's Food \_\_\_\_\_ or Hospital Food \_\_\_\_\_

Feeding Schedule: How much? \_\_\_\_\_ How Often? \_\_\_\_\_

TOYS, BLANKETS, ETC., brought in with pet: \_\_\_\_\_

List any procedures, vaccines, etc. your pet requires:

\_\_\_\_\_

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Check-in Technician (Initial) \_\_\_\_\_