

Date: _____

Owner's Name:
Case No:
Street:
City:
Phone:

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

AUTHORIZATION FOR BOARDING

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 (\$5.00) and either frontline or advantage (\$13-15 extra). Which would you prefer? Frontline____ Advantage____

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: (An additional charge of \$5.00 per day for up to 2 meds., \$10.00 per day for 3+ meds.)

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:

If the pet is a small or medium dog but owner requests or pet requires a run, alert owner there is additional fee of \$7 for small dogs and \$5 for medium dogs per day. Technician _____

Owner Signature _____ **Date** _____
Check-in Technician (Initial): _____ BRE Reminder Scheduled (Initial): _____