

Boarding Authorization

<date>

Owner: <first-name> <last-name>
Address: <address> DATE IN _____ DATE OUT _____
City, ST, Zip: <city> , <st> <Zip> **OTHER PROCEDURES:**
Phone: <phone> _____
Folder: <folder> _____
Animal: <animal> _____

Emergency Contact _____

Although we take every precaution to provide a safe boarding environment, due to the inherent stressful nature of being boarded, we cannot guarantee your pet will not get ill or be potentially exposed to a contagious disease. In the event my pet becomes ill while staying at the Colonie Animal Hospital, I authorize the attending veterinarian to examine and administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I understand that the Colonie Animal Hospital will try to contact me prior to treatment should a medical and/or surgical care of an emergency nature be required.

I understand that any fees for examinations and medical treatment will be the financial responsibility of the pet owner and Colonie Animal Hospital will not be held liable for such treatment.

WE REQUIRE THAT DOGS BE CURRENT ON DISTEMPER, LEPTOSPIROSIS AND RABIES VACCINES PRIOR TO BOARDING AS WELL AS BEING CURRENT ON BORDATELLA (KENNEL COUGH) VACCINE WHICH IS REQUIRED EVERY 6 MONTHS. CATS MUST BE CURRENT ON RABIES AND DISTEMPER AND WE NEED TO KNOW THEIR FELV/FIV STATUS. DOGS AND CATS NEED TO HAVE A NEGATIVE FECAL TEST WITHIN 6 MONTHS OF BOARDING. DOGS NEED TO ALSO BE ON HEARTWORM PREVENTATIVE. *I understand if my animal has fleas, it will be treated and the cost will be added to that of the above listed procedures.*

If a bath is requested, it will be given the morning of departure. Please do not plan on picking up your pet before 11am if you request a bath.

LIST OF ITEMS LEFT FOR <ANIMAL>: _____

WE ARE NOT RESPONSIBLE FOR LOST, DAMAGED, OR SOILED ITEMS LEFT FOR YOUR PET.

At the Colonie Animal Hospital, we strive to give your pet the best care we possibly can. In order to help with that, we need to know what your pet may need.

1. Are they on any medication? Please circle one Yes/No

If yes, what is the medication, and what are the directions to give them? _____

When were they last given, when do they need to be given again? _____

2. Does your pet require a special diet? Yes/No

If yes, what are you feeding, and what are your feeding instructions? _____

3. Do they need to be fed when you drop them off? Yes/No

4. Do you have any special instructions? _____

5. Would you like a bath? Yes/No

6. Would you like a kong for your dog? Yes/No
If yes, how often? _____

7. Date the last Heartworm Preventative was given: _____

8. Date the last flea/tick preventative was given: _____

If your pet will be fed our kennel food while staying with us, there is an additional charge of \$3.00 per day.

If your pet requires any oral medication staying with us, there is an additional charge of \$3.00 per day.

If your pet requires any injectable medications while staying with us, there is an additional charge of \$5.00 per day.

Thank you,
The staff at Colonie Animal Hospital

I assume financial responsibility for all services rendered. Payment is due at the time of discharge of my pet by cash, check, or credit card unless other arrangements have been made with the manager or owner.

I have read and understand this authorization and consent.

Owner or agent for owner