

Cochrane Animal Hospital
BOARDING AUTHORIZATION

Note: First day boarding free if your precious pet is going stay at our luxurious doggy suites or kitty condos for more than 7 days.
No extra charges if your dog is in heat and for male dogs that mark excessively.

Owner's Name _____ Owner's Email Address : _____

Pet's Name(s) _____

My pet(s) will be boarding from _____ to _____.

Drop Off Time: _____ The estimated time of pick-up will be _____ AM/PM.

Please remember that it is required to have all boarding pets current on vaccinations AND flea treatment. We can and will update vaccinations and flea medication as necessary based on your pet's records at our clinic. If your pet has received any vaccinations and/or flea treatments at another clinic or hospital then Proof of Vaccination (be it verbal confirmation between this clinic and the participating institution, or written certification from the participating institution) is required. Cochrane Animal Hospital enforces this rule to ensure that the safety and health of your pet, as well as the safety and health of all other resident pets .

! **My pet is up to date on vaccinations** and Proof of Vaccination verified. _____ (Initial)

! **Negative Fecal Test within the past 6 months.** Proof of Test verified. _____ (Initial)

! **Negative Heart Test within the past one year.** Proof of Test verified. _____ (Initial)

! **My pet is NOT up to date on vaccinations*** and I authorize the Cochrane Animal Hospital to administer required vaccinations immediately to protect my pet from contagious diseases. _____ (Initial)

*Vaccinations to be administered: _____ (Initial)

! **My pet is up to date on flea treatment** and is free of external and internal parasites. However, I authorize the Cochrane Animal Hospital to treat my pet(s) should the veterinarians determine that my pet is suffering from fleas. _____ (Initial) Date of last administration: _____

Would you also like us to perform any other services while your pet is boarding at our clinic? Additional costs apply.

_____ Give your pet an examination (Areas of concern: _____)

_____ Perform a Bath / Grooming Service (Additional information: _____)

_____ Perform a nail trim

FEEDING INSTRUCTIONS: _____

List of any personal items brought in with pet(s): _____

Medication Instructions: _____

Owner's Phone Number(s): _____

Emergency Contact Name(s) & Number(s): _____

As the guardian/owner or agent for said animal(s), I authorize the Cochrane Animal Hospital to board and care for this pet, prescribe medication, and/or perform medical treatment in the interest of said animal(s) health and safety.

Signature **X** _____ Date _____

Owner/Responsible Agent