

Cochrane Animal Hospital
BOARDING AUTHORIZATION

Owner's Name _____

Pet's Name(s) _____

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

The estimated time of pick-up will be approximately _____ AM, or _____ PM.

Please remember that all boarding pets should be current on vaccinations, heart worm medication AND flea prevention. We will update them as needed based upon your pet's records at our hospital. If your pet has received vaccinations, heartworm and flea treatments at some other facility then Proof of Vaccination (be it verbal confirmation or written certification from the other institution) is required. Cochrane Animal Hospital enforces this rule for the safety and health of all pets.

- ❖ **My pet(s) is/are up to date on vaccinations** and Proof of Vaccination has been verified. _____ (Initial)
- ❖ **My pet(s) is/are 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(s) is/are up to date on heart worm prevention and flea treatment** and is free of external and internal parasites. However, I authorize Cochrane Animal Hospital to treat my pet(s) if they are not. _____ (Initial)

Would you also like us to perform any other services while your pet is boarding at our clinic? Additional costs apply. Please initial below as desired:

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

_____ Give your pet a bath

_____ 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): _____

Email: _____

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