



Boarding Authorization

Date _____

Owner: _____
Address: _____
City, ST, Zip: _____
Phone: _____
Folder: _____
Animal: _____

DATE IN _____	DATE OUT _____
OTHER PROCEDURES: _____	

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 AND CATS BE CURRENT ON DISTEMPER AND RABIES VACCINES PRIOR TO BOARDING. DOGS MUST ALSO BE CURRENT ON BORDATELLA (KENNEL COUGH).

I understand if I cannot show that my animal is current on required vaccinations, this service will be provided upon hospitalization and added to the cost of the procedure. I also understand if my animal shows signs of fleas, it will be treated and the cost will be added to that of the above listed procedures.

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

LIST OF ITEMS LEFT FOR _____ : _____
(Pets Name)

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? _____

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 authorized agent for owner