Country Friends Veterinary Clinic
Boarding Information and Authorization Form
Date Boarding: /   /   -   /   /

Owner's Name: _____   Patient's Name: _____

Please give us some more details about your pet by filling out the following so we can make his/her stay here a little more comfortable:

Is your pet currently on any medications?   Yes   /   No (please circle)

Medication	amount	How often?	When ?	When is next dose due?
		Once daily / twice daily	AM / PM	
		Once daily / twice daily	AM / PM	
		Once daily / twice daily	AM / PM	
		Once daily / twice daily	AM / PM	

What is your pet currently eating and how often?
We feed OM or EN dry if a pet's own food is not brought with them and feed once daily in the morning unless directed otherwise. If your pet is not eating we will offer canned food (EN, OM or Recovery) which may incur additional charges.

Type of food	amount	Frequency
OM / EN / own food _____/ other_____		Once (morning or evening) / twice daily

Are any of your belongings going to stay with your pet during his/her stay with us? If so, please list:
_____

If my pet needs medical attention during his/her stay, the staff at Country Friends Veterinary Clinic (circle one)
HAS / DOES NOT HAVE   my permission to provide treatment and/or can food at an additional cost to me.

All animals admitted **must be current on vaccinations and be free of external parasites.** Animals not in compliance with the above policy will be treated at owner's expense. Any estimate of charges or fees for presently planned procedure(s) is only a best approximation and the final bill may be greater or less than this amount. I have read the above conditions for treatment and acknowledge that I may have a copy of this form, if requested.

All fees for services are due when patient is released.
Emergency Contact Numbers:_____
Owner/Agent's Signature:_____**Date:** _____
Witness (clinic staff):_____**Date:** _____

EMPLOYEE'S ONLY
Pet admitted by (tech or kennel)_____

Tech/Kennel please initial that pet has been examined for external parasites_____and assured vaccines are current_____
Allergies/Notes: _____