

Country Friends Veterinary Clinic
Boarding Information and Authorization Form

Today's Date:

Owner's Name:

Patient's Name:

Email Address:

Phone Number:

Check-In Date:

Check-Out Date:

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 aside from prevention? Yes No
If yes, what medications are they on and how often are they administered?

Will your pet be bringing their own food? Yes No
How much and how often do you feed your pet?

If my pet is not eating, I give Country Friends Veterinary Clinic permission to provide my pet with canned food (EN, OM, or Recovery) without contacting me first.

I accept

I realize that any CFVC canned pet food cost will be added to my boarding charges.

I accept

Country Friends provides your pet with blankets and bowls during their stay.

Will you be bringing any of your pet's belongings for their stay? Yes No

If yes, please list the items you plan on bringing below. Please note that some toys & treats may be considered unsafe to have during unsupervised time periods.

Is your pet getting a bath during his/her stay? Yes No

I realize that my pet(s) will be bathed and ready for pick-up after 3pm and that I will receive a phone call notifying me.

I accept

If my pet needs medical attention during his/her stay, the staff at Country Friends Veterinary Clinic (check 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: _____