

Boarding Information and Authorization Form

Today's Date

Client's Name

Email

Phone

Patient's name

Check-in date

Check-out date

Please provide the following details so that we can provide desired accommodations:

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?

If YES: pet prescriptions will have an additional medicine administration daily charge: I accept (initials required)

Will you be bringing your own food? YES/NO

How often and how much 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 (initials required)

I realize that any CFVC canned pet food given to my pet will incur additional charges: I accept (initials required)

My pet has food allergies: YES/NO

If YES, please provide details of the food allergies:

Country Friends provides boarders with blankets and bowls during their stay. Will you be bringing any additional belongings? YES/NO

If YES, please list the items that you will be bringing. Please note that some toys/treats may be considered unsafe to have during unsupervised time periods and Country Friends reserves the right to keep certain items away from boarders.

Would you like for your pet to have a bath during their stay? YES/NO

I realize that my pet(s) will be bathed and ready for pick-up 3pm and that I will receive a phone call or text to notify me when they are ready to go: I accept (initials required)

If my pet needs medical attention during his/her stay, Country Friends Veterinary Clinic HAS/DOES NOT HAVE (check one) permission to provide medical assistance (CFVC will make every effort to reach our clients prior, if possible. I understand that all medical treatment will incur additional charges: I accept (initials required)

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 invoice may be greater or less than the stated estimate.

Please list any emergency contacts:

I have read the above and acknowledge responsibility for the choices I have selected. I may have a copy of this form upon request.

All fees for services are due when the patient is released.

Owner/Agent's Signature _____ Date _____

CFVC Representative _____ Date _____