

# BOARDING INFORMATION & AUTHORIZATION FORM



Owner's Name: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ to \_\_\_\_\_

Emergency Number(s): \_\_\_\_\_  
\_\_\_\_\_

## SPECIAL INSTRUCTIONS

Special Diet to be fed while boarding?

YES

NO

If yes, what, how much, and how often? \_\_\_\_\_

Medication to be administered while boarding?

YES

NO

If yes, what medication, dosage, and how often? \_\_\_\_\_  
\_\_\_\_\_

Bath or Groom prior to going home?

YES

NO

(if yes, please complete bathing/grooming instruction form)

Please circle BATH/GROOMING pick up time:    2pm                      3pm                      4pm                      after 5pm

Would you like the TLC Program?

YES

NO

The TLC program offers thicker bedding, daily brush-outs and dental treats, extra walks (for canines), a report card, and more one-on-one time with our Veterinary Assistants- Additional \$4/day

Would you like the EXERCISE Program?

YES

NO

With the Exercise Program package, your four-legged family member will receive individualized time on the treadmill **tailored to their personal needs and abilities**. Considered an excellent option for boarders with arthritis, extra energy, or staying for extended periods- Additional \$4/day

**\*PETS PRESENTED WITH FLEAS WILL BE TREATED AT THE OWNER'S EXPENSE.**

**In case of illness or injury**, I, the undersigned, do hereby give my consent for the Doctors of Ingersoll Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are here being boarded at Ingersoll Animal Hospital.

**They are to use all reasonable precautions** against illness, injury or escape of my pet(s). They will not be held liable or responsible in any manner whatsoever, under any circumstances, for the care, treatment or safe keeping of my pet(s); it is thoroughly understood that I assume all risks. Any additional charges for an illness or injury will be my responsibility.

**Should the circumstance arise that my pet(s) remain unclaimed** after the date which I stated as the pick-up date, I understand that written notice will be mailed to my address. Seven days after such written notice, the pet(s) will be considered abandoned and may be disposed of, or destroyed, as they deem best. It is further understood that such action will not relieve me from paying all costs of their service and use of their hospital, including the cost of boarding services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_