

BOARDING INFORMATION & AUTHORIZATION FORM



Owner's Name: _____

Pet's Name: _____

Boarding Dates: _____ to _____

Emergency Telephone Number: _____

Any address, phone or employment corrections?

Yes

No

SPECIAL INSTRUCTIONS

YES

NO

Special Diet?

If yes, what? _____

Medication to be administered while boarded here?

If yes, what? _____

Bath prior to release?

I would like to pick up at 2 p.m. 3 p.m. 4 p.m. 5 p.m. or later.

Other?

Pets presented with fleas will be treated at 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 whatever, 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 service.

Client Signature: _____

Date: _____

