

# 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?

If yes, plan to pick up after 3 p.m.

Toys/Blankets left with pet?

If yes, what? \_\_\_\_\_

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

