

**THE ANIMAL HOSPITAL OF CARRBORO
BOARDING ADMISSION**

PATIENT DOCUMENTS HERE

Board until date: _____

Phone numbers where you can be reached: _____

1. Please list any illness or injury in the last 30 days _____
2. Please list the type of food your pet eats, how much you feed, and how often _____
3. Please list any allergies your pet has _____
4. Please list any medications with dosage and frequency _____
5. When did your pet last receive it's medication? _____
6. Please list any procedures you want your pet to have while boarding _____

_____ PLEASE INITIAL YOUR AUTHORIZATION FOR ANY NECESSARY TESTING OR TREATMENT FOR THE REQUESTED PROCEDURES LISTED ABOVE

IMPORTANT INFORMATION-PLEASE READ THOROUGHLY

With the exception of requested procedures or required physical exams and vaccines, your pet will not be seen by a veterinarian unless a technician notices a problem and brings it to the attention of the veterinarian. Sometimes it is not possible to leave problems untreated until you return. Examples might include urinary difficulties, diarrhea, vomiting, not eating, etc. If problems develop, we will treat your pet as conservatively as possible and we will attempt to contact you first.

Please initial one option: If my pet experiences a cardiac arrest during boarding,
I authorize resuscitation _____ OR I do not authorize resuscitation (DNR) _____.

FEES: Boarding is charged by the day including the day of check-in and the day of check-out regardless of time. Each pet is fed, watered, walked twice a day (dogs only). Cages are cleaned Everyday – even on check-out days.

_____ Please Initial Here

If your pet needs special care (brushing, medications, special diet) there will be a Special Care Fee.

Toys are permitted with the understanding they may not be returned. Please do not bring beds or blankets. We provide bedding which is washed daily.

I hereby certify that I have read and fully understand this authorization for boarding my pet at The Animal Hospital. I also assume financial responsibility for all charges incurred to the above pet and agree to pay all such charges at the completion of this visit. I further understand that in the event of an emergency, my pet will have treatment provided at my cost, that there is no guarantee of successful treatment, and that the attending veterinarian will contact me as soon as possible regarding treatment options.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

9-7-11 ED