

AUTHORIZATION FORM

Boarding

All pets are required to be current on immunizations (DHPP and Bordetella for dogs, FVRCP for cats), negative for GI parasites, and presented flea and tick free. If your pet does not meet these requirements, we will bring them up to date on immunizations and/or apply a flea or tick preventative at your expense. If your pet is disruptive to other patients at the clinic, we will administer calming medication as necessary. Initial _____

Has your pet shown any recent signs of illness (coughing, sneezing, vomiting, diarrhea)? ____ YES ____ NO

If yes, please explain: _____

In case of illness or injury while boarding, should testing, treatment, or surgery be required and the hospital staff is unable to reach me, the staff has permission to provide such treatment and I agree to pay for such service.

____ Approved ____ Declined

We will feed Science Diet products to your pet while boarding. If your pet has special dietary needs, please provide your own food and notify our staff. *Additional fees may be incurred for special dietary needs or administration of medications.*

Last meal given at _____ AM/PM. Is your pet on a special or restricted diet? ____ YES ____ NO

If yes, please specify diet and amount/frequency of feeding: _____

Is your pet on any medications? ____ YES ____ NO

There is an additional fee of \$13 per day for dosing medication and dietary supplements including vitamins. Initial _____

Medication Name: _____ Dosing instructions: _____ Last given: _____

BOARDING PLUS is available Mon-Fri at an additional fee of \$14.50 per day: ____ YES ____ NO

I would also like my pet to receive the following services while at the clinic (additional charges apply):

bath pedicure ear cleaning microchip update vaccines other: _____

Your pet is scheduled for release on _____ at _____ AM/PM.
(date) (time)

Contact numbers: _____ and _____

I hereby agree that I have read and understand this form, that the services above have been described to me to my satisfaction, and that I realize no guarantee can ethically or professionally be made regarding the results of the services rendered.

While Kailua Animal Clinic is to use all reasonable precautions against illness, injury, or escape of my pet, I agree to hold all hospital staff harmless from any and all liability arising out of the care or treatment of my pet.

I understand that I assume financial responsibility for all services rendered, and that full payment is due at the time of release.

Signature of legal owner or responsible agent

Date

Please initial if we may post photos of your pet on our Kailua Animal Clinic social media profiles: _____