



BOARDING AUTHORIZATION

CLIENT ID: _____ PATIENT: _____ CLIENT: _____

PHONE NUMBER (IN CASE OF EMERGENCY): Mr. Mrs. Ms. / WORK HOME CELL
OTHER _____

Circle the following if appropriate:

1.) **OWN FOOD** YES NO DESCRIPTION: _____
FEEDING INSTRUCTIONS: _____

2.) **MEDICATIONS** YES NO DESCRIPTION: _____
START DATE: _____ DOSAGE AMOUNT: _____

3.) **ADDITIONAL SERVICES DESIRED:** Ear / Anal Gland Cleaning Nail Trim Exam Fecal
Specify: _____

4.) TOYS COLLAR / LEASH CARRIER BEDDING
DESCRIPTION: _____

*The nursing staff will make every effort to maintain such items. However, they may become soiled or misplaced just as at home. *

5.) **DATE ENTERED:** _____ **DATE LEAVING:** _____

BATH: Given by the nursing staff (Includes nail trim, ear and anal gland cleaning) YES NO

SEDATION (If needed for bath) YES NO

Please call prior to pickup to make sure your pet is dry!

Presurgical Labwork (Required for pets over 6yrs. if being sedated) YES NO

Dogs admitted for boarding must be **currently vaccinated** for Bordetella, Distemper/Parvo (DHPP) and Influenza. Cats admitted for boarding must be **currently vaccinated** for Distemper (FVRCP). All pets must be currently vaccinated against Rabies. Pets with external parasites (fleas, ticks, mites, etc) or without verifiably current vaccinations will be treated at admission at the standard fee, medical condition permitting.

In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** veterinarians and staff to administer treatments and medications as deemed necessary for the health, safety, comfort and well-being of the above described animal.

SIGNATURE: _____ **DATE:** _____

RECEPTIONIST: _____ **NURSE:** _____ **DOCTOR:** _____