



BOARDING AUTHORIZATION

CLIENT ID: _____ PATIENT: _____ CLIENT: _____

PHONE NUMBER (IN CASE OF EMERGENCY): Mr. Mrs. Ms. Co-Owner / WORK HOME CELL

Circle the following if appropriate:

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

FEEDING INSTRUCTIONS: _____

START DAY: _____ AM OR PM

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:** _____

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

SEDATION (If needed for bath) YES NO

CLEAN-UP BATH: done for pets that soil themselves. Does not include nail trims, anal glands or ear cleaning.

Owner will be charged an additional \$25.00, if there are more than 3 clean-up baths done through duration of stay (pets are walked 3 to 4 times per day).

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

Presurgical Labwork (Required for pets over 6 years, 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. If your dog needs to have cleanup baths (3 or more times) during their stay there will be a additional \$25.00 charge added to the invoice. 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:** _____