



AUTHORIZATION FOR BOARDING

Owner's Name: _____ Owner's Phone Number: _____

Pet's Name (one pet per form): _____

I am the owner or agent for the owner of the pet listed above and have the authority to execute this consent. I hereby consent and authorize Orchard Hills Animal Hospital to board the pet listed above and to medicate if needed. If my pet listed above is found to have fleas during check-in exam, they will be treated with capstar (\$6) and frontline (dogs \$16) or Revolution (cats \$17).

REQUIREMENTS FOR BOARDING:

1. **Proof of current vaccine status must be provided. Dogs:** Rabies, DAP, Bordatella. **Cats:** Rabies, HCP (or other distemper). Leukemia recommended but not required.
2. Proof of fecal exam or broad spectrum deworming within the past 12 months.
3. Dogs only: Heartworm test within past 24 months and current on heartworm preventative recommended but not required.

OUTSIDE RUNS – We would like to put your dog in an outside run during the day if weather permits. They do have the potential to get dirty. Would you like us to put your dog outside?

Circle One: YES NO (leash walks only)

Check-in Date: _____ Check-in Time: _____

Anticipated Pick-up Date: _____

(Boarding charges run from midnight to midnight. That time period is broken up into half days, with the cut-off time being 12:00PM noon.)

MEDICATIONS: (An additional charge of \$5.00 per day for up to 2 medications & \$10.00 per day for 3 or more medications is assessed. Insulin injections using owner supplies are \$9.00 each.)

MEDICATION	DOSE/FORM	DOSAGE	HOW OFTEN

FOOD (circle one): Owner's Food OHAH Food
 Special Diet? Yes No If so, what? _____ (can/dry)
 Feeding Schedule: How much? _____ How Often? _____
 Last Time Given: Meds _____ Food _____

List any procedures, vaccines, etc. your pet need or you wish to have performed while they are boarding:

Please list any of your pet's personal items (toys, blankets, etc.) _____
 (While we will do our best to keep any personal items safe and clean, please understand items can be lost or damaged during your pet' stay.)

Owner Signature _____ **Date** _____

EMERGENCY CONTACT PERSON/NUMBER: _____
 (It is imperative we have a reliable phone number to reach in the event of an emergency.)

OHAH Check-In Technician Initials: _____

BRE Reminder Scheduled _____ Collar to Owner _____
 Give Boarding Guidelines Sheet to Owner _____ OHAH Collar On Pet _____