

Main Street Animal Hospital
Authorization for Boarding

Owner's Name: _____ Pet's Name: _____

Owner's Phone Number: _____

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 Main St 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 (\$5), be given the option of a bath and we will recommend a flea prevention for home usage.

Recommendations for Boarding:

- Current on vaccinations: **Dogs:** Rabies, DHLPP, Bordetella. **Cats:** Rabies, FVRCP/FELK
- Fecal Examination in last 12 months

List any procedures, vaccines, a bath or products they may require while boarding:

Check-in Date: _____

Anticipated Pick-up Date: _____

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's stay)

EMERGENCY CONTACT PERSON/PHONE NUMBER: _____

(It is imperative we have a reliable phone number to reach in the event of an emergency)

Owner Signature: _____

Date: _____