

BOARDING AUTHORIZATION
Veterinary Group of Chesterfield

Boarding Dates: Drop Off Date _____ Pick Up Date _____ _____
Staff Initials

Pet: _____ **Breed:** _____ **Sex** _____ **S/N Age:** _____

Owner: _____ **Contact #** _____ **Alternate #** _____
Emergency Contact _____ **#** _____

DHLPP Date _____ FVRCP Date _____
Bordetella Date _____ FELV Date _____
Rabies Date _____ Rabies Date _____

Seeing Vet? No Yes- Date _____ Doctor _____ First-Time Client? No Yes-

History of special medical needs? No Yes Complimentary Dr Exam: _____

History of chewing? No Yes

Feeding Instructions:
Frequency: 1x 2x 3x Free Choice
Amount per feeding: _____

Other Services Requested:

Medications/ Descriptions/ Dosages to be given:
1. _____
2. _____
3. _____

Type of food: _____ Allergies? _____
 Our Food Owner's food/brand _____

Items Left by Owner: (Be specific on types and quantities)

Play time/Activity treats/ Other: Owner Declined Yes (if yes, please fill out daycare sheet)

Grooming: Owner Declined Yes (if yes, please fill out grooming sheet)

PLEASE READ

I am the owner/agent of the animal described above. I authorize and request you and your staff to board this animal for the above listed time. I understand that if the above listed animal is a dog, it will be walked outside under control of a leash. I authorize this to be done and understand that reasonable precaution will be used to prevent escape and injury, but will not hold you or your staff responsible should this occur.

I understand that you will use reasonable precautions to assure the animal's safety while it is in your care but will not hold you or your staff responsible should the animal become injured or ill due to unforeseen circumstances. I authorize the use of emergency services (CPR) if necessary for the well-being of my pet.

I understand that sometimes when animals are boarded, the stress and separation from their normal surroundings may cause unpreventable illness (for example: diarrhea, bladder infections, lack of appetite, constipation, etc.). I understand that you will use reasonable precaution to prevent occurrences, but will not hold you responsible should this occur.

- *I authorize Vet Group to contact my regular veterinarian for records or advisement if needed. _____ (Initial)
- *I authorize & agree to pay for treatment, as best deemed necessary, for such illnesses. _____ (Initial)
- *I authorize & agree to pay for bathing as needed if the animal becomes soiled. _____ (Initial)

Payment due at time of services only. No billing, please!

*I understand the above and authorize you to board my pet.

Signature _____ Date _____