

Authorization for Boarding at Madison Pet Clinic, PC

The following information is necessary in order for us to serve you and your pet better, and to give you more personal attention. **Please fill out the form completely.**

Owner: _____ Pet's Name: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact Number: _____

I have requested my pet stay at Madison Pet Clinic from _____ to _____

My pet is on an external parasite (flea) program monthly _____ **Yes** _____ **No**

If yes list the product and date last administered: _____

(Fleas, Ticks, intestinal parasites and Ear mites will be treated at the owners expense.)

Will your pet require medication while staying with us? _____ **Yes** _____ **No**

(Medication administration fees will apply) _____ (initial)

* Will you need us to fill the medication? _____ **Yes** _____ **No**

Medication Directions/Special Instructions: _____

I have also requested my pet receive the following additional services while staying at Madison Pet Clinic: _____

I brought my pets diet from home _____ **(Yes)** _____ **(No).** **Feeding Directions:** _____

****In the event of a medical emergency please do whatever is necessary if unable to reach me (the owner) or the above contact person. _____ Yes _____ No***

Payment Due a Time of Pickup

*** NO SUNDAY PICK UP UNLESS YOU HAVE PREPAID AT TIME OF CHECK IN.**

Signed: _____ **Date:** _____

Madison Pet Clinic supplies Science Diet brand foods and bedding for your pet(s). You are welcome to leave pet toys, bedding and food with your pet, however, Madison Pet Clinic is not responsible for any lost, soiled or damaged accessories or food that you may bring. Please initial that you have read and understand this statement. _____

Boarding Baths: _____ **Yes** _____ **No** * * **Must pick up after 1pm Monday - Friday**

Canine <20# - \$16.20

Canine 20-40# - \$18.90

Canine 40-60# \$22.10

Canine 60-120# - \$25.90

No Cat Baths