

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

** There is an additional fee if your pet needs meds while here. _____ (initial)*

If yes, what is the medication type and dosage schedule? _____

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

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

Special Instructions: _____

**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. _____ *(initial)*

Boarding Baths: _____ Yes _____ No

Canine <35 lbs - \$9.00

Canine 35-75lbs - \$11.00

Canine > 75 lbs - \$15.00