

Authorization for Boarding at Madison Pet Clinic, PC

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 owner's expense.)

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

(Medication administration fees will apply) _____ **(please initial)**

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

Medication Directions/Special Instructions: _____

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 _____***

Madison Pet Clinic provides a Science Diet food, and bedding, for your pet(s) stay.

You are welcome to leave pet toys, bedding and food with your pet.

However, Madison Pet Clinic is not responsible for any lost, left behind, soiled, or damaged accessories or foods. Any belongings left behind will be donated after 30 days.

* I indicate I have read and understand this statement. _____ **(please initial)**

Optional Boarding Baths: (must pick up after 1pm Monday - Friday) Yes _____ No _____

Canine < 20# - \$16.20

Canine 21-40# - \$18.90

Canine 41-60# - \$22.10

Canine 61-100# - \$25.90

Canine > 101# - \$30.30

No Cat Baths

Payment Due a Time of Pickup

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

Signed: _____ **Dated:** _____