

Authorization for Boarding at Madison Animal 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 Number: _____ Cell Phone Number: _____

Emergency Contact: _____

Relationship to you: _____

Emergency Contact Number: _____

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

My pet is a flea/tick/Earmite program monthly: _____ Yes _____ No

If Yes-- please list the product name and date last administered: _____

*** Fleas, Ticks and Earmites will be treated at the owner's 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 that my pet receive the following additional services while staying at Madison Animal 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 at time of Pick up

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 Bath: _____ **Yes** _____ **No**

Canine <20#	\$14.60
Canine 20-40#	\$17.08
Canine 40-60#	\$19.98
Canine 60-120#	\$23.38