

## **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.

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**Special Instructions:** \_\_\_\_\_

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\*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