



Boarding Authorization Form

Owner's Name _____ Pet(s) Names _____

Admission Date _____ Date of Discharge _____

☞ Pets may be picked up during normal business hours. After hours, pets may be picked up at 6 pm sharp on Saturday or Sunday evening (There are no pick-ups on holidays.) Please notify us if you are planning on picking up your pet after hours. Pets are charged for the day they are dropped off and for any day they stay past noon.

Pet's food: I did not bring food I brought food (type & brand) _____

How often is your pet fed? Once daily Twice daily Three times daily (cannot do on Sunday)

Did your pet eat today? YES NO Did your pet get his medicine today? YES NO

Any special instructions about feeding: _____

Indicate any foods your pet should not eat including peanut butter, cheese, liver, tuna, and canned food.

Do NOT feed: _____

Pet's belongings (Loving Paws is not responsible for any damaged or lost belongings):

Has your pet ever eaten/destroyed clothing/cloth, bedding, or blankets? YES NO

Please note that we normally provide bedding unless your pet has a history of eating/destroying bedding (for your pet's safety).

Pet's medications (name, dose, frequency, and last dose given): _____

List anything additional you would like us to do for your pet (please note there will be additional charges):

☞ I understand that my pet needs to be up to date on vaccinations (distemper and rabies plus kennel cough for dogs) unless the doctor determines they should not be given. My pet also needs to have a stool sample checked within the past 6 months. If these procedures are needed, Loving Paws will do them while my pet is here (an exam may be required). My pet will be checked for fleas and treated if needed as well as other parasites. If my pet develops diarrhea, my pet will be tested and treated for it. If needed for the health or safety of humans or pet, my pet will be sedated as needed. I agree to pay all fees for any medications or tests that need to be done.

☞ If I cannot be reached and my pet needs medical care, I give permission for Loving Paws to treat my pet as needed or transfer to an emergency clinic until I can be contacted. I agree to pay all charges incurred which may include surgery.

I give permission for _____ (name/phone) to pick my pet up.

Phone number I can be reached while my pet is boarding _____

Signature of owner or agent: _____ Date _____

Print Name _____