

AUTHORIZATION FOR BOARDING

Owner's Name _____ Owner's Phone Number _____
Pet's Name _____

I am the owner for the pet(s) listed above and have the authority to execute this consent. I hereby consent and authorize Cooper Veterinary Clinic to board the pet(s) listed above and to medicate if needed. **If my pet(s) listed above is/are found to have fleas or ticks they will be treated with NexGard (dogs) or Revolution (cats), which will be at my cost.**

REQUIREMENTS FOR BOARDING:

1. Proof of current vaccine status must be provided.

Dogs: Rabies, DA2PP (both within the past year) and Bordetella (within past 6 months).

Cats: Rabies, FVRCP (both within the past year). Leukemia is recommended but not required.

****If vaccines are not current or proof of vaccinations is unable to be verified, they will be administered at the time of drop off. ****

All dogs that are boarding are let out into our backyard to use the bathroom. Pets from different families **ARE NOT** put out together and pets from the same family can be put out separately if requested. **Please be advised that depending on the weather your pet may get dirty while outside.**

Check-in Date _____ Check-in Time _____

Anticipated Pick-up Date _____

(Boarding charges run from midnight to midnight)

MEDICATIONS: (An additional \$3.00 per day for up to 2 medications, \$5.00 per day for 3 or more medications is assessed. Insulin injections using owner supplies are \$5.00 per day).

Medication	Dose/Form	Dosage	How Often

FOOD (circle one): Owner's Food CVC Food
Special Diet? Yes No If so, what? _____ (can/dry)
Feeding Schedule: How Much? _____ How Often? _____
Last Given: Meds: _____ Food: _____

List any vaccines, procedures, etc. your pet needs or you wish to have performed while they are boarding _____

****COOPER VETERINARY CLINIC PROVIDES BEDDING, BOWLS, ETC. WE DO NOT ACCEPT PERSONAL BELONGINGS****

Owner Signature: _____ Date: _____

Emergency Contact Person/Number (It is imperative that we have a reliable phone number to reach in case of an emergency): _____

CVC Staff Initials: _____ Collar/leash returned to owner: _____