



Boarding Authorization

I, _____, give my consent and permission for Tierrasanta Veterinary Hospital (TVH) and its agents to board my pet(s) named below.

Name(s): (1) _____, (2) _____, (3) _____, (4) _____.

How long are they staying? From _____ To _____ Do you plan on picking them up in the MORNING _____ or AFTERNOON _____?

What did you bring for them? _____

Your pet's food: Type, amount, frequency: (1) _____ Type, amount, frequency: (2) _____ Type, amount, frequency: (3) _____ Type, amount, frequency: (4) _____

Where can we reach you? Call 1st _____ Call 2nd _____ Call 3rd _____

- Pre-boarding requirements: Dogs - Distemper, Parvovirus, Rabies, Bordetella, fecal examination. Cats - FVRCP, Feline Leukemia, Rabies, fecal examination. Rabbits, Guinea Pigs, Potbelly Pigs, Ferrets, Birds, Reptiles, etc. - no vaccines required

All pets will be evaluated for the presence of external parasites when they are checked in. If they are found, your pet will be treated with an oral medication called Capstar which will kill fleas immediately. You also have the option of purchasing a monthly flea product.

In the event my pet develops any condition which requires medical attention while boarding I give my consent and permission to TVH to initiate necessary, reasonable treatments if I am unreachable. I understand I am responsible for payment of these services when I pick up my pet. X

In the case of a life threatening emergency, TVH may transport my pet to and from the Emergency Hospital for overnight care. I will be responsible for any fees incurred at the other hospital. If I do not agree to this, I understand I am responsible for the consequences and relieve Tierrasanta Veterinary Hospital and its agents from responsibility. I also understand this does not limit any responsibility for emergency services performed at TVH. I will be responsible for paying for emergency services if they are necessary in addition to the fees for boarding.

X Date _____

- checkbox Please transport my pet to an off-site emergency hospital for overnight care if needed. checkbox Please do not transport my pet to an off-site emergency hospital for overnight care.



Boarding with Medication Instructions

Please list the medications, supplements, and special treats you would like us to give your pet while he or she stays with us.

Name of Medication	Amount	Frequency
1) _____	◆ _____	◆ _____
2) _____	◆ _____	◆ _____
3) _____	◆ _____	◆ _____
4) _____	◆ _____	◆ _____
5) _____	◆ _____	◆ _____
6) _____	◆ _____	◆ _____

Second Pet

1) _____	◆ _____	◆ _____
2) _____	◆ _____	◆ _____
3) _____	◆ _____	◆ _____
4) _____	◆ _____	◆ _____
5) _____	◆ _____	◆ _____
6) _____	◆ _____	◆ _____

Third Pet

1) _____	◆ _____	◆ _____
2) _____	◆ _____	◆ _____
3) _____	◆ _____	◆ _____
4) _____	◆ _____	◆ _____
5) _____	◆ _____	◆ _____
6) _____	◆ _____	◆ _____