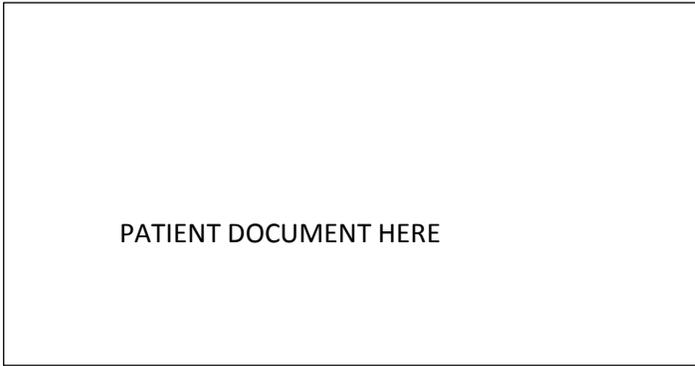


**The Animal Hospital of Carrboro
CAT Boarding Admission**



Board until date: _____

Phone number (s) where you can be reached: _____

1. Please list any illness or injury in the last 30 days _____
2. Please list the type of food your pet eats, how much is to be fed, and how often _____
3. Please list any allergies your pet has _____
4. Please list any medications with dosage and frequency _____

5. When did your pet last receive its medication? _____
6. Please list any procedures you want your pet to have while boarding _____

_____ Initial your authorization for any necessary testing or treatment for the requested procedures listed above.

IMPORTANT INFORMATION – PLEASE READ THOROUGHLY

With the exception of requested procedures or required physical exams and vaccines, your pet will not be seen by a veterinarian unless an assistant notices a problem and brings it to the attention of the veterinarian. Sometimes it is not possible to leave problems untreated until you return. Examples might include urinary difficulties, diarrhea, vomiting, not eating, etc... If problems develop, we will treat your pet as conservatively as possible and will attempt to contact you before instigating any treatment.

Please initial one option: If my pet experiences cardiac arrest during boarding, I authorize resuscitation _____ OR I do not authorize resuscitation (DNR) _____.

FEES: Boarding is charged by the day including the day of check in and the day of check out regardless of time of day. Each pet is fed, watered, walked twice a day (dogs only). Condos and runs are cleaned Everyday- even on check out days.

_____ *Please initial here that you have read and understand our fee schedule.*

SPECIAL CARE: If your pet needs special care while boarding, medications, special diet, brushing, etc. there will be a special care fee. TOYS are permitted with the understanding that they may not be returned. Please do not bring beds or blankets. We provide bedding which is washed daily.

I hereby certify that I have read and fully understand this authorization for boarding my pet at The Animal Hospital. I also assume financial responsibility for all charges incurred to the above pet and agree to pay all such charges at the completion of this visit. I further understand that in the event of an emergency, my pet will have treatment provided at my cost, that there is no guarantee of successful treatment, and that the attending veterinarian will contact me as soon as possible regarding treatment options.

SIGNATURE: _____
PRINTED NAME: _____

DATE: _____