

Boarding Dates:

Contact Information

Owner Name _____

Best Owner Contact Number _____

CAT BOARDING

patient information label

Emergency Contact

Your pet's emergency contact person cannot be yourself or any member of your household that is unavailable for the duration of your boarding reservation. This person must be empowered to make medical decisions on your behalf and be available to authorize the transfer of the pet and provide transportation thereof to a 24-hour care facility if deemed medically necessary.

Emergency Contact Name _____

Emergency Contact Number _____

Pet Information

Please answer the following questions to help us care for your pet.

1. Please list any illness or injuries your pet has experienced in the past 30 days:

2. Please list any allergies your pet has (food, medications, environmental, etc):

3. Please complete the following information about your pet's diet at home:

NAME/BRAND	DRY/CANNED	AMOUNT FED	FEEDINGS DAILY	LAST FED
_____	_____	_____	_____	_____

4. Please list all medications your pet is currently taking:

NAME	STRENGTH	DOSE	FREQUENCY	TIME LAST GIVEN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Treatment Preferences

Please list any procedures you want your pet to have while boarding:

Please initial here to authorize any necessary testing or treatment for procedures requested

Resuscitation

Should your pet experience cardiac arrest during their stay:

I authorize resuscitation _____

I DO NOT authorize resuscitation (DNR) _____

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 a member of hospital staff notices a problem and brings it to the attention of the attending 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 we will attempt to contact you first.

Authorization for Boarding

I affirm that I have read and fully understand this boarding authorization. I affirm that I am the owner or authorized representative thereof of the pet described in this document. I agree to assume financial responsibility for all the charges incurred to the patient described in this document and agree to pay for all such charges at the time I pick up my pet. I understand I can request an estimate before any procedure.

Boarding is charged by the day, including the day of check-in and day of check-out regardless of time. Each pet is fed and watered twice daily, and cages are cleaned daily, even on check-out days.

I further understand that in the event of an emergency my pet will have emergency treatment provided at my expense and the attending veterinarian will contact me as soon as possible regarding further treatment options. I further understand that any treatment presents risks and that no guarantee of successful treatment has been made.

NAME

SIGNATURE

DATE

CONFIRM CONTACT NUMBER

Discharge

TAH | 02072025 | CB

I, the owner or authorized agent thereof, affirm that the pet described in this document has been discharged from the facilities at The Animal Hospital of Carrboro and I have resumed responsibility for their care.

NAME

SIGNATURE

DATE/TIME

TAH REP