



## Medical Boarding Authorization

Pet's Name: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ AM / PM

Person to contact in the event of an emergency: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Medications pet is currently taking (name, dosage & time next dose due): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of diet pet is currently eating (how much/how often): \_\_\_\_\_

\_\_\_\_\_

Special care instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the **Waterhouse Animal Hospital** to provide medical care for my pet deemed necessary while at this facility. I agree to pay, in full, for these services upon the release of my pet. I request that every reasonable effort will be made to contact me prior to initiating any treatments. I understand that the **Waterhouse Animal Hospital** will not be responsible for any loss or damage.

If your pet requires hospitalization overnight there will not be constant supervision outside of our normal business hours or on holidays. If you have any questions please consult with the doctor.

\_\_\_\_\_  
Signature of owner/agent

\_\_\_\_\_  
Date