



# KIEL VETERINARY CLINIC

## Boarding Authorization Form

Date of Admission: \_\_\_\_\_ Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_

Kennel Size: \_\_\_\_\_ Together or Separate: \_\_\_\_\_

1. All pets boarding must be current on required vaccinations at least 7 days prior to admission. Proof of vaccinations must be given prior to boarding stay or at time of drop off. **Owner initials:** \_\_\_\_\_
2. If parasites are found (internal or external) during a pet's stay, they will be treated as the hospital determines and the cost of treatments will be added to the total bill. **Owner initials:** \_\_\_\_\_
3. If a bath or nail trim is desired and the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed and/or the nail trim will not be performed. **Owner initials:** \_\_\_\_\_
4. All payment is due at the time of pick up for all services rendered. **Owner initials:** \_\_\_\_\_
5. All reasonable precautions will be used to prevent injury and escape of the pet. The hospital is not responsible for the actions of the pet that may cause injury and/or escape. **Owner initials:** \_\_\_\_\_
6. All pets not picked up within seven days after the expected date of pickup will be considered abandoned. The hospital is given authorization to remove the pet(s) from the clinic as they see fit, including adoption, turning over to animal control, or the humane society. **Owner initials:** \_\_\_\_\_
7. Permission to post photographs of the pet(s) boarding with us on social media. **Owner Initial:** \_\_\_\_\_
8. Please list in detail, if any apply (**a \$4.00 per day charge will be added for medication administration**):

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Member Admitting:** \_\_\_\_\_



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## KIEL VETERINARY CLINIC

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### Medical Treatment of Pet(s) during Stay:

Choose **ONE** option below (A, B **OR** C), if an emergency, injury or illness were to occur:

A. Treat my pet as needed. Do any and all diagnostic tests, treatments and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet. **Owner Initials:** \_\_\_\_\_

B. Treat my pet as needed, but do not exceed \$ \_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated, and I or my emergency contact cannot be contacted my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if the doctor(s) feels my pet is undergoing needless pain and suffering and the treatments and tests needed would exceed the above amount, the doctor(s) are authorized to euthanize my pet. I will be responsible for all charges accrued during that time period.

**Owner Initials:** \_\_\_\_\_

**Decline Euthanasia:** \_\_\_\_\_

C. Do NOT administer any treatment to my pet until I or my emergency contact can be reached. I fully understand the consequences to my pet if treatment is withheld. I understand that if the doctor(s) feel that my pet is undergoing needless pain and suffering, the doctor(s) are authorized to euthanize my pet. I will be responsible for all charges accrued during that time period.

**Owner Initials:** \_\_\_\_\_

**Decline Euthanasia:** \_\_\_\_\_

Please list two emergency contacts that are allowed to pick up your pet and/or make medical decisions if you can not be reached:

Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for choosing Kiel Veterinary Clinic for all your pet needs. We consider your pet's health and safety our first priority.**



## KIEL VETERINARY CLINIC

Pet Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Date in: \_\_\_\_\_ Date out: \_\_\_\_\_

**Personal Belongings:**

Bowls \_\_\_\_\_

Toys/Bones \_\_\_\_\_

Blankets/Bedding \_\_\_\_\_

Food/Treats \_\_\_\_\_

Leash/Harness \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

**\*\*\*WE PROVIDE YOUR PET WITH BOWLS, BEDDING & BLANKETS\*\*\***

**Has your pet shown any of the following symptoms?**

**Diarrhea:** YES/NO    **Vomiting:** YES/NO    **Sneezing:** YES/NO    **Coughing:** YES/NO    **Itching:** YES/NO

Name of Flea/Tick and Heartworm Preventatives (if any): \_\_\_\_\_

\*We recommend treating your pet with a monthly flea & tick & heartworm preventative. The dogs are walked through long grass and play outside four times each day during their stay\*

**Please check the services you would like your pet to receive during their stay:**

**Canine**

- **Pamper Pack:** bath, nail trim, teeth brushed, anal gland expression, brushing out, ear cleaning \$80
- **Bath:** 0-50lbs \$25.00; >50lbs \$35.00
- **Anal Gland Expression:** \$16.91
- **Nail Trim:** \$19.65
- **Ear Cleaning:** \$9.63
- **Brushing Out:** \$15.00
- **Teeth Brushed:** \$10.00
- **Kong (Peanut Butter or Cheese):** \$10 per day
- **Treat Dispenser:** \$10 per day
- **One Flea & Tick Preventative:** price is based on weight

**Feline**

- **Nail Trim :** \$19.65
- **10 min individual play time:** \$4.00 per time
- **Brushing Out:** \$8.00

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_