

Veterinary Care Center (VCC)

2663 Nottingham Way
Mercerville, NJ 08619

Boarding Authorization Form

Client: _____

Arrival Date: _____

Patient: _____

Depart Date: _____

I understand that on occasion, boarded animals may require veterinary care. This may also include anesthesia, medications, and special diet. With this in mind, should an emergency arise and neither I nor my emergency contact can be reached, VCC has my permission to perform any and all medical/surgical treatments deemed necessary to assure my pet's health.

I further agree to pay any and all veterinary charges that may accrue as a result of said treatment.

I understand that the facility is NOT staffed 24 hours a day. VCC will not be held responsible for lost or damaged belongings.

Client Signature: _____ Date: _____

Phone #: _____ Alternate #: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Feeding/Diet: Own Food: Type/Brand: _____

Number of Daily Feedings: 1/day 2/day 3/day

Amount per feeding (wet): _____ Amount per feeding (dry): _____

Other Instructions: _____

Medications:

Name: _____ Reason: _____

Dosage: _____ Other: _____

Frequency: _____ Give in: _____

Name: _____ Reason: _____

Dosage: _____ Other: _____

Frequency: _____ Give in: _____

Special Instructions: _____

Personal Possessions: Please note colors, patterns, etc.

Collar/Leash Harness Crate/Carrier Bedding/Blankets

Other _____

Cats must be current on annual exam and have proof of testing for Feline FELV/FIV. If not, the annual exam and vaccinations and/or viral testing can be updated while they are in the hospital and additional charges will apply.

All pets must be free of external parasites (fleas/ticks) and/or internal parasites, otherwise they will be treated at the owner's expense.