

IS THERE ANYTHING SPECIAL ABOUT YOUR DOG THAT YOU WOULD LIKE FOR US TO KNOW? _____

IS THERE ANYTHING ELSE THAT YOUR DOG NEEDS TO HAVE DONE WHILE BOARDING WITH US? _____

PLEASE DESCRIBE ALL ITEMS LEFT FOR YOUR DOG WHILE IN OUR CARE (MEDICATION, BLANKETS, TOYS, FOOD, ETC.) _____

PLEASE LIST ALL OF THE PEOPLE YOU AUTHORIZE TO PICK UP YOUR DOG FROM CHURCH STREET ANIMAL HOSPITAL DURING THIS BOARDING TIME.

EMERGENCY INFORMATION

WE WILL MAKE EVERY EFFORT TO CONTACT YOU IN THE EVENT OF AN EMERGENCY / ILLNESS WITH YOUR PET. IS THERE A PHONE NUMBER/ EMAIL ADDRESS WHERE WE CAN REACH YOU WHILE YOU ARE AWAY? _____

IS THERE A LOCAL PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU? _____

IF YOUR DOG IS ILL WHILE IN OUR CARE, AND WE ARE UNABLE TO REACH YOU, PLEASE TELL US HOW YOU WOULD LIKE THE SITUATION TO BE HANDLED (CHECK ONE):

- 1). _____ THE VETERINARIAN SHOULD USE HER BEST JUDGEMENT AND PERFORM THE DIAGNOSTIC TESTS AND TREATMENT(S) MY PET MAY REQUIRE. I UNDERSTAND THAT ADDITIONAL CHARGES FOR THESE PROCEDURES WILL BE INCURRED.

- 2). _____ IN THE EVENT THAT I AM UNABLE TO BE REACHED, I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT(S) NOT TO EXCEED \$ _____ UNTIL SUCH TIME AS I CAN BE REACHED.

- 3). _____ I WOULD PREFER THAT NO DIAGNOSTIC TESTS OR TREATMENT(S) BE PERFORMED WITHOUT MY DIRECT CONSENT. IF THE VETERINARIAN IS NOT ABLE TO REACH ME, IT IS MY REQUEST THAT MY PET RECEIVE NO ADDITIONAL TREATMENT (S).

SIGNATURE _____