



# Thiensville-Mequon Small Animal Clinic

## AUTHORIZATION FOR BOARDING

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_  
Pet's Name (one pet per form): \_\_\_\_\_

I am the owner or agents for the owner of the pet listed above and have the authority to execute this consent. I hereby consent and authorize Thiensville- Mequon Small Animal Hospital to board the pet listed above and to medicate if needed.

## REQUIREMENTS FOR BOARDING

Proof of current vaccine status must be provided.

Dogs: Rabies, Distemper, Bordetella, and Intestinal Parasite Screening (fecal check) within the past 6 months.

Cats: Rabies, Distemper, and Intestinal Parasite Screening (fecal check) in the past year.

## MEDICATIONS

If your pet requires medication to be given while in boarding, please transport them in the original packaging with name of medication, dose, and instructions.

(An additional charge of \$5.95 per day is applied per day of administration. Insulin injections using owner supplies are \$13.07 per day.)

Medication	Dose/Form	How Often

Last Time Meds Given \_\_\_\_\_

## FOOD

If you brought a diet from home for your pet to eat while in boarding please list the name and amount you feed while at home: \_\_\_\_\_

Last Time Given Food \_\_\_\_\_

List any procedures, vaccines, etc. your pet need or you wish to have performed while they are boarding:

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Please list any of your pet's personal items (toys, blankets, etc.) \_\_\_\_\_ (While we will do our best to keep any personal items safe and clean, please understand items can be lost or damaged during your pet' stay.)

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT**

PERSON/NUMBER: \_\_\_\_\_ (It is imperative we have a reliable phone number to reach in the event of an emergency.)