

**County Line Veterinary Hospital
325 West County Line Road
Hatboro, Pennsylvania 19040
215-675-0533**

Boarding Authorization Form

Date In _____ Date Out _____ (minimum 2 night charge)
 Pet Name _____ Owner's Name _____
 Previous Weight _____ Boarding Fee/night _____

Vaccinations

Canine	Current	Due	Feline	Current	Due
Annual exam			Annual exam		
DHPP			FVRCP		
Bordatella			Rabies		
Rabies			Fecal within last 6 months		
Fecal within last 6 months			Felv/Fiv - previously tested or if outdoors within last 12 mos.		
Hw/Ly/Eh/An			**FELV		
**Lyme					
**Influenza					

** optional – not needed for boarding Services scheduled _____ Initial _____

Other Services Requested

	Requested Service
Bath - includes nails/ears/anal	
Nail Trim	
Clean ears/pluck ears (one time only)	
Anal Gland Expression	
Examine – (specify)	
Other – (specify)	
Medications/supplies/or etc.	

Services scheduled _____ Initial _____

Any Special Needs for boarding (include foods – type, amount, frequency)

Medications (dose/frequency)

Items (ie. Carrier, blankets, toys, leashes, collars, etc)

Arrival date _____ Flea check _____ Weight _____ Initial _____

Cage card _____ Noted on treatment board _____ Services done - initial _____

Discharged date _____ Flea check _____ Weight _____ Initial _____

Boarding Estimate

****Note about boarding estimates:**

Minimum board rate of two days.

Medications during boarding will be given at an extra charge.

Boarders with fleas or parasites will be treated at an additional cost.

Additional boarding fees apply for animals not picked up by scheduled discharge date.

All boarding pets must have been examined within the last 12 months.

All boarding pets must be current on vaccinations or have written proof of such status. (DHPP, Bord (at least 10 days prior to boarding), FVRCP, Rabies, heartworm test)

Fecal exam must have been performed within last 6 months.

For cats – an felv/fiv test must have been done at some point in their lifetime if indoor only or if outdoors the test must have been done within the last 12 months.

Animals that are not picked up within 7 days of the last day of the boarding reservation will be considered abandoned.

Disclaimer –

All reasonable efforts will be made to prevent injury or escape of the boarding pet. County Line Veterinary Hospital is not responsible for the actions of a pet that cause injury or escape.

Occasionally during or soon after boarding, some pets will develop mild stress related illnesses such as diarrhea, vomiting, or coughing. In the unlikely event that this occurs, the veterinarian can and will provide appropriate medical attention and/or advise. Additional fees can apply.

In case of emergency:

In the case of a medical emergency, I authorize the veterinarian to treat (perform diagnostic testing, treatments, and surgeries) my pet as needed. I understand the County Line Veterinary Hospital will attempt to reach the designated emergency contact person in such a situation but that they cannot guarantee such contact. In the event that I can not be reached in an emergency situation, I agree to accept full financial responsibility for all charges related to the treatment of my pet.

Owner's signature _____ Date _____

Emergency Contact person and phone #

Authorized alternate pick up person _____