



COMMUNITY ANIMAL HOSPITAL

400 South Pine Street
York, PA 17403
(717) 845-5669

Boarding Authorization

Client Name:

Address:

Phone Number:

Patient:

Species:

Breed:

Sex:

Color:

Weight

Pet's Name: _____ Breed: _____ Age: _____ Color: _____

Pet's Name: _____ Breed: _____ Age: _____ Color: _____

Pet's Name: _____ Breed: _____ Age: _____ Color: _____

Date to be picked up: ____ A.M. ____ P.M.

Feeding Instructions: Own food, Feed kennel food

Canned, Amount: _____, Frequency: _____

Dry, Amount: _____, Frequency: _____

Medications to be given while boarding: 1. _____ A.M. ____ P.M.

2. _____ A.M. ____ P.M.

3. _____ A.M. ____ P.M.

While in hospital, please check: _____

Community Animal Hospital will not be held responsible for any of your personal belongings left for your pet such as: carriers, toys, blankets, etc.

All pets entering the hospital must be up-to-date on all vaccinations and free of external parasites (fleas, ticks, etc.) Each pet entering the kennel is required to have a Capstar pill flea treatment. This pill is gentle and safe and is given to ensure there is no spread of fleas while in the hospital. There will be an additional charge for this service.

Pets are released only during regular Doctor hours.

Payment is required when your pet(s) are released.

I authorize Community Animal Hospital to do whatever is necessary should an emergency situation arise. If I neglect to pick up my pet within 5 days of the date to be picked up, you may assume that the pet is abandoned and are hereby authorized to take over ownership.

Please Sign:

Client Signature

Date



400 South Pine Street
York, PA
17403 (717) 845-5669

In the event you or your authorized contact are not reachable, would you prefer us to proceed with the additional recommended treatment? Please initial your preference:

Yes, please proceed

With additional treatment. I understand that there will be additional charges for further treatments and that I am financially responsible for their payment at discharge unless other arrangements have been made.

No, please do not proceed

with any treatment beyond the initial treatment plan, unless my pet's safety requires it. Scheduling for additional treatment at a later date will be discussed at discharge.

In the event of an unforeseen emergency, we will attempt to reach you or your agent without delay. Please know that we take every precaution to ensure your pet is safe. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preferences if no one can be reached or there is no time for a phone call. Please initial your preference.

Please proceed

with all life-saving measures.

Do not resuscitate

My pet in the event of cardiac and/or respiratory arrest.

Client Signature

Date