



"Take your pet to the park"

PARK ANIMAL HOSPITAL

8400 S EASTERN, LAS VEGAS NV 89123
702-361-5850 OFFICE@PARKANIMALHOSP.COM

BOARDING AUTHORIZATION

OFFICE USE

CLIENT ID: _____
CK'D IN BY: _____
(Kennel Attendant)
CAGE SIZE: _____

Drop off Date: _____

Pick up Date: _____

Client Name: _____

#1 Pet's Name WT:	#2 Pet's Name WT:
#3 Pet's Name WT:	#4 Pet's Name WT:

EMERGENCY CONTACT: _____ **PH#** _____

- **IS YOUR PET CURRENT ON VACCINES** YES NO

We require all pets who board with us to be current on vaccines and that PROOF is provided. If your pet is not current on vaccines, they must be updated by us to board.

- **FEEDING** **I BROUGHT MY OWN FOOD** **I WILL USE FOOD PROVIDED BY PARK (Ivet Maintenance)**
OWN FOOD AMOUNT OWN FOOD FREQUENCY:

- **MEDICATIONS AND/OR SUPPLEMENTS TO BE ADMINISTERED:**

There is a \$5.00 per day fee to medicate your pet during their stay

NAME OF MEDICATION	AMOUNT	FREQUENCY	NEXT DOSE DUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- We provide blankets and bedding for your pet during their stay with us. Due to the frequency we change bedding, PLEASE DO NOT bring any blankets or bedding for your pet.

- Please list a detailed and descriptive note of the personal items you have brought for your pet:

- Would you like any other services or procedures during your pet's stay with us such as: GROOMING, NAIL TRIM OR DENTAL?

INITIAL

- I hereby consent to necessary symptomatic medial treatment for my pet(s). This may include but not limited to diarrhea, vomiting, etc. This will include the cost of an exam and treatment as discussed with the doctor

- I understand that Park Animal Hospital does not have overnight staff

- In the event of an emergency situation I authorize the doctors to perform the necessary medical procedures. I understand an effort to contact me will be made at the emergency number provided on this form.

- I agree to accept financial responsibility for charges incurred during my pet's stay

I UNDERSTAND THE BOARDING COST PER NIGHT IS \$ _____

SIGNATURE OF OWNER/AGENT _____

SIGNATURE OF STAFF WITNESS _____