



BAYVIEW MALL
VETERINARY CLINIC

Boarding Authorization

Pets Name: _____ Owner/Agent Name: _____

Phone number: _____

Email (Please circle if this is preferred method of contact) _____

Alternate phone: _____

Boarding drop off date: _____ Boarding pick up date: _____

Emergency Contact Information

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____

Email Address (if applicable): _____

Feeding Instructions

Type:Wet _____ (Amount per day) _____

Type:Dry: _____ (Amount per day) _____

**** If no/not enough food provided for the duration of your stay with BMVC a replacement bag (if in stock) or a gastrointestinal safe diet will be provided for a fee****

Medications/Supplements Required

1. Name of medication: _____ Dose/how often: _____

Time(s) of day given: _____ Last given: _____

2. Name of medication: _____ Dose/how often: _____

Time(s) of day given: _____ Last given: _____

3. Name of medication: _____ Dose/how often: _____

Time(s) of day given: _____ Last given: _____

_____ (Initial) I understand there is a charge of **\$10.00 per day** for medications given during my pets boarding stay.

Is your pet on parasite prevention? **YES**

If **YES** which one and when was the last dose given? _____

If **NO**, we will give a dose of Nexgard or Simperica here and apply the charges on your account _____ (initial)

Additional comments/requests while boarding:

_____ (initial) I authorize my emergency contact listed above to make medical decisions for my pet should I be unreachable. I have let them know that I have designated them as an emergency contact in case you have to call them.

I authorize them to spend up to _____\$500

_____ \$1000

_____ \$1500 until I can be reached

_____ If my pet has currently or does contract fleas they will be treated automatically at your cost to prevent infestation.

_____ I owner/agent of my pet authorize Bayview Mall Veterinary Clinic to board my pet for the above dates listed. I understand that boarding situations can increase stress on my pet. I authorize the doctors to prescribe a sedative, should they feel it is necessary for the comfort and safety of my pet. I also agree to pay for any associated charges, including but not limited to an exam fee, for this prescription. I also understand that BMVC discourages boarding of ill, geriatric, pediatric or long term boarding patients.

_____ I understand that BMVC requires my pet to be up to date on all required "core" vaccinations. I also understand that if vaccinations were not done at BMVC I have provided **proof of vaccines upon drop off.**

_____ One advantage of boarding my pet at the BMVC is that medical attention is readily available during business hours. I understand that should the need arise the staff will attempt to contact the owner/emergency contact persons for treatment of incidental medical conditions such as (ear infections etc.) I am aware that additional charges including but not limited to, doctors exam will be charged to my account.

_____ I authorize BMVC in the event of an emergency situation the veterinary staff to perform whatever services the doctor(s) deem necessary including, but not limited to surgical intervention, hospitalization, bloodwork or lab tests, and including **Euthanasia**, for the overall health and safety of for my pet while trying to reach myself/and or emergency contact persons.

_____ should my pet go into respiratory or cardiac distress, I authorize a **DNR** (Do NOT resuscitate)

_____ should my pet go into respiratory or cardiac distress; I authorize **CPR** (cardiopulmonary resuscitation) to be performed on my pet.

_____ I understand that the hospital is not staffed 24 hours a day. I also understand that animals are not supervised overnight, only during regular business hours. Therefore, I understand, in an emergency situation, my pet may need to be transferred to a referral/emergency facility, if deemed necessary by the veterinarian.

_____ I understand that full payment for boarding services as well as any additional medical services needed/requested is due at the time of discharge. I will **call if my "pick-up date"**

changes so you can plan accordingly. If I neglect to pick up within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of as you deem best and/or necessary. I understand I will still be financially responsible for any services performed, even if my pet is abandoned.

I would like my pet to roam free in the clinic (if time/situations allow) and understand the risks involved, including but not limited to, being attacked by another animal, escaping outside and being hit by a car or lost, ingesting a potential toxin, being injured by a door etc. I also agree to pay any medical costs associated with treatment for any of the conditions resulting from my pet roaming the clinic freely. I will not hold Bayview mall or any of its employees responsible for any injuries my pet sustains. _____

OR

I would like my pet to remain secure in their cage and not be allowed to roam free in the clinic_____

Date: _____

Owner Signature: _____

Admitting Staff Signature:_____

Belongings (please circle all that apply) *For clinic use only*

Leash Collar Carrier Bedding Toy Other: