



# Shepherd Animal Hospital

## AUTHORIZATION FOR BOARDING

Owner's Name \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_ Pet's Name \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Anticipated Pick-up Date: \_\_\_\_\_  
(Boarding charges run from midnight to midnight. That time period is broken up into half days, with the cut-off time being 12:00PM noon)

I am the owner of the pet listed above and hereby consent and authorize Shepherd Animal Hospital to board the pet listed above and medicate if needed.

\*\*\* Current flea control medication is required. Is your pet current? Circle one: Yes or No

**If my pet is found to have fleas during check-in exam, they will be treated with flea prevention and I approve of the necessary charges that will be applied. \_\_\_ Initials**

### REQUIREMENTS FOR BOARDING

- 1. Proof of current vaccine status MUST be provided. Dogs:** Rabies, DAP, Bordetella.  
**Cats:** Rabies, FVRCP.

**MEDICATIONS:** (There will be an additional charge of \$5.50 per day for up to 2 medications. Insulin injections using owner's supplies are \$9.00 per day)

MEDICATION	DOSE/FORM	DOSAGE	HOW OFTEN

**FOOD (circle one):** Owner's Food SAH Food **SPECIAL DIET?** YES OR NO Is what? \_\_\_\_\_  
Feeding schedule: How much? \_\_\_\_\_ How often? \_\_\_\_\_ Last Time Given: Meds \_\_\_\_\_ Food \_\_\_\_\_

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

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's stay.)

I am requesting my pet be sedated at the doctor's discretion while he or she is boarding at Shepherd Animal Hospital. Circle one: **YES OR NO** Does your pet have a history of **Seizures?** **YES OR NO**



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(If declined and your pet suffers from anxiety or stress while boarding. SAH staff or doctors will call to discuss this with you.)

Should the circumstances arise that my pet(s) remain unclaimed for ten days after the date I have arranged for them to be retrieved, I understand that my pet(s) will be considered abandoned and will be handled in accordance with Georgia State Law. I further understand that such action does not relieve me of my financial obligation to Shepherd Animal Hospital.

I understand that during my pet's visit, if a Doctor or Technician sees that my pet may need additional care, every attempt will be made to contact me for approval of treatment. If I am not reachable, I understand that additional charges may accrue (starting with a \$39.00 exam fee).

**Owner Signature** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Date** \_\_\_\_\_

(It is imperative that we have a reliable phone number to reach in the event of an emergency)

**We do not board aggressive pets.** If your pet shows aggression while boarding, we reserve the right to refuse future boarding after the original visit. Sedatives will be administered by a Veterinarian, for the remainder of the boarding period, at the owner's expense. We have training referrals that can help your pet with behavioral and long-term aggression management (these are off-site professionals and not affiliated with Shepherd Animal Hospital). We define aggression as a dog or cat that has bitten or injured a human or other pet, and/or growls, bares teeth, lunges or snaps at a person or other pet. The owner of an aggressive pet will be held liable for any injury sustained to their pet, another pet, an employee, representative, or client of Shepherd Animal Hospital, and for any damage to our facility caused by said pet.

**Thank you for entrusting us with the care of your pet(s)! We'll see you again soon.**