

OLDWICK ANIMAL HOSPITAL

Authorization For Treatment While Boarding

OAH will apply sticker - Client info

OAH will apply sticker - Patient info

Boarding Dates: From _____ To _____.

Release/Authorization For Treatment

I give permission for the doctors and staff of Oldwick Animal Hospital to do whatever is necessary for my pet's well being. I understand that a veterinarian will examine/treat my pet if he/she becomes sick during his/her stay. I give Oldwick Animal Hospital permission to vaccinate my pet if he/she is overdue for vaccinations. By signing below, I acknowledge contracting for the above services; I understand that any costs incurred are my responsibility, and payment is due upon discharge of my pet.

Signature: _____ Today's date: _____

If you have questions or concerns about your pet and possible treatment during this visit, we encourage you to speak with one of our veterinarians. We will make every effort to contact you if your pet becomes ill. If there are limitations to the care you want us to provide, please specify here:

Oldwick Animal Hospital cannot release a pet to someone other than the owner without prior authorization. If you authorize someone else to pick up your pet, please specify here:

What is the best way for us to reach you while you're away?

Phone: _____ Email Address: _____ @ _____

If we are unable to reach you, who should we contact in the event of an emergency?

Emergency Contact: Name _____ Phone _____

Health Concerns:

Does your pet have any medical problems we should be aware of, or has your pet been ill in the past 4 weeks?

Would you like your pet to be examined by a doctor during his/her stay? (circle one) YES NO
An exam fee will be incurred and additional treatments, medications, etc. will be charged accordingly.

Specific reason for exam: _____

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Medications:

Flea/Tick Preventative: _____ Product You Use: _____

Date last given: _____

YOUR PET WILL BE CHECKED FOR FLEAS UPON ADMISSION. IF FLEAS ARE PRESENT, YOUR PET WILL BE TREATED AT YOUR EXPENSE.

Other Medication: Please list any other medications your pet is on.

Medication: _____

Directions: _____

Time usually given at home: _____ Do you need a refill? _____

Medication: _____

Directions: _____

Time usually given at home: _____ Do you need a refill? _____

Has your pet received all of their medication(s) today? (*circle one*) YES NO

My pet still needs the following medications today (indicate AM or PM): _____

Feeding Instructions:

Circle one: I brought my pet's food. I want OAH to provide my pet's food.

Feed my pet the following food: _____

How often? _____ How much at each feeding? _____

Has your pet eaten today: (*circle one*) YES NO

Items I brought for my pet's stay:

Please list any items you are leaving with your pet, so that we can keep track of their personal things.

Collar/Leash: _____

Bedding/Blankets: _____

Toys: _____

Food: _____

Treats: _____

Other: _____