



Boarding Authorization Form

Owner: _____ Patient: _____ Wt: _____

Dropping Off: _____ Picking up: _____ *must be picked up/dropped of by 5pm M-F and 3pm on Sat*

*I can be reached at: Phone # _____ or _____

*<animal> is up to date on: Dogs-(Rabies, Da2pp & Bordetella) Cats-(Rabies & FVRCP): _____initials

*I authorize **emergency care**: YES, I assume all financial responsibility _____initials NO, _____initials

Emergency Contact Name: _____ has authorization to pick up and/or authorize medical care.

Emergency Contact Phone #(s): _____ or _____

*If myself or my emergency contact is **Unreachable** by phone and <animal> is suffering with a poor prognosis. I give my permission to proceed with euthanasia.

YES, _____signature.

NO, _____signature.

***Is your pet on any medications?** Yes-please list below No

1. Medication: _____ Strength: _____ Amount: _____

Medication is given at: _____ special administration instructions: _____

2. Medication: _____ Strength: _____ Amount: _____

Medication is given at: _____ special administration instructions: _____

3. Medication: _____ Strength: _____ Amount: _____

Medication is given at: _____ special administration instructions: _____

*Feeding instructions: _____

*Other instructions: _____

*Signature: _____ Date: _____



**North Star
Animal Hospital**

*Authorization to use a credit card on file
for boarding patients (charged out weekly)*

Owner: _____

Acknowledgment of Terms:

I, _____ understand that my credit card will be charge out on a weekly basis. I am leaving my credit card information with North Star Animal Hospital to be used as directed by myself in this agreement and as agreed to by the DVMs of North Star Animal Hospital. By signing this form, I am agreeing to the terms listed and will not hold North Star Animal Hospital accountable for following through with those terms. I acknowledge that this form will be used if necessary to collect any debt that I owe to North Star Animal Hospital should the credit card information I leave prove to be false or should the card decline. All credit card information is confidential. All of this information is stored in a safe that only the DVMs of North Star Animal Hospital have access to.

Type of Card (circle one): Mastercard Visa Discover American Express Care Credit

Name on the Card: _____

Card Number: _____ **Exp. Date:** _____ **CVC:** _____

Billing Address: _____ **Zip:** _____

Signature: _____ **Date:** _____

PLEASE READ THE FOLLOWING: I, owner or authorized agent of this patient, certify that I am eighteen years of age or over. I give the Veterinarians at North Star Animal Hospital permission to: Treat, Hospitalize, Anesthetize, Perform Surgery or Vaccinate. I understand there are risks with these procedures. Possible complications of these procedures include: infection, vaccine reactions, breakdown of the surgical incision and in rare cases death. I understand that the success of the procedures are dependent on many factors and a guarantee of a successful outcome is neither implied nor expressed. I am encouraged to discuss any concerns with the Veterinarian before the procedure is initiated. In the event that my pet is hospitalized and the veterinarian is unable to reach me, I understand it is my responsibility to call the hospital to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I understand that an estimate of the costs for veterinary services can be provided to me and I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for all fees accrued. _____initial

Signature: _____ **Date:** _____ **Phone Number:** _____