

Boarding Authorization

The following information is necessary in the process of serving you better.

Drop Off Date: _____ Pick Up Date: _____

Weight: _____ Emergency Contact #: _____

Circle all that apply:

I am leaving: FOOD CARRIER LEASH COLLAR MEDICATION OTHER

Special Instructions: _____

Authorization For Immediate Care:

In case of an emergency, I authorize the Bend Veterinary Clinic to provide immediate veterinary care and any procedures deemed necessary for the wellbeing of my pet while in the care of the clinic.

I understand that I assume financial responsibility for all services rendered.

Signature: _____ Date: _____

Print Name: _____

Pet's Name: _____