



Boarding Pet Profile

Owner(s): _____

Pet: _____

Owner's Contact Information: Please list multiple

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Other Authorized Individuals: These individuals are allowed to pick up your pet and make financial and medical decisions if you are unable to be reached.

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Usual Veterinarian: _____

In Case of Medical Issues or Emergency: It is not uncommon for medical care to be required for pets while they are staying with us. Sometimes these issues are life threatening and other times they may simply cause discomfort or mild to moderate pain. Please tell us how you would like us to proceed with your pet:

INITIAL

_____ Do nothing that will lead to extra expense without contacting me even if this might lead to pain or death of this pet.

_____ Treat only life-threatening situations (Issues causing mild to moderate pain should be ignored)

_____ Treat any condition that MVSAH doctors feel is causing pain or discomfort for my pet.

I authorize the following level of expenditure for the above initialed treatment level:

INITIAL

_____ Up to \$250 (please note very little can be done at this level)

_____ Up to \$500 (will manage most situations, but not serious emergencies)

_____ Up to \$1000 (this is what most choose in case of emergency)

_____ Up to \$ _____

Staff Initials and Date: