

Boarding Authorization



Cleveland Veterinary Clinic
400 N McLean Blvd
South Elgin, IL 60177
(847) 697-4066

Drop off Date: <date>

CLIENT #: <number> OWNER: <first-name> <last-name> ADDRESS: <address><address2> <city> , <st> <Zip> PHONE: (<area>)<phone>	NAME: <animal> SPECIES: <species> SEX: <sex> BREED: <breed> COLOR: <color> AGE: <age-name>
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Emergency Contact: _____

Procedures scheduled while boarding: _____

Would you like your pet to have a Kuranda Bed (circle): YES NO

Would you like your pet to have extra "outside time" in our outdoor kennel (weather permitting) YES NO

Diet and feeding instructions: _____

Medication(s) to be given: _____

Personal Property: _____

Flea preventative name and date given: _____

WE REQUIRE:

***DOGS** BE CURRENT ON DHPP/DHLPP, KENNEL COUGH, and RABIES PRIOR TO BOARDING AND MUST HAVE A CURRENT NEGATIVE FECAL SAMPLE RESULT (WITHIN 1 YEAR).

***CATS** BE CURRENT ON FVRCP AND RABIES PRIOR TO BOARDING

***ALL PETS** MUST ALSO BE CURRENT ON FLEA PREVENTIVE

I understand that Cleveland Veterinary Clinic offers boarding for healthy animals and does NOT have staff on premises overnight or on Sundays. CVC does offer medical boarding for animals that have some health conditions and that require medications but this does not mean that staff is on site during non-operating hours. I understand that while CVC is open medical staff is available for emergencies but during non-operating hours kennel staff has set times that they come in to tend to boarders. All staff is trained to care for medical boarders and to make notations of any concerns. IF an emergency arises the kennel staff has emergency contacts they can reach out to.

In the event my pet becomes ill while staying at the Cleveland Veterinary Clinic, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I understand that the Cleveland Veterinary Clinic will try to contact me prior to treatment should medical and/or surgical care be required.

Owner or agent for owner

Date

Check-In Employee _____ Kennel Intake Employee _____

Liability Waiver



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CLIENT #: <number>	NAME: <animal>
OWNER: <first-name> <last-name>	SPECIES: <species>
ADDRESS: <address><address2> <city>, <st> <Zip>	SEX: <sex>
PHONE: (<area>)<phone>	BREED: <breed>
	COLOR: <color>
	AGE: <age-name>

Please initial one of the following:

_____ I DO NOT authorize Cleveland Veterinary Clinic to allow <animal> to be free with other pets of the same species.

_____ I authorize Cleveland Veterinary Clinic to allow <animal> to be free with pets of the same species in my family only. (Pets will be separated for feeding, medicating, and sleeping)

_____ I authorize Cleveland Veterinary Clinic to allow <animal> to be free with other pets of the same species.

Please initial all of the following if you are allowing <animal> to be free with any other pets:

_____ I represent that <animal> has not had any contagious diseases within the last 30 days.

_____ I represent that <animal> has not harmed or shown aggression toward any other pet of the same species.

_____ I understand that <animal> will be socializing and interacting with other pets of the same species in a new and unfamiliar environment. I understand that with pet interaction there is a chance of injury or illness. I agree and accept financial responsibility for such injury or illness to <animal>.

_____ I authorized Cleveland Veterinary Clinic, its employees, doctors and representatives to medically treat <animal> if injury or illness occurs.

_____ I hereby waive and release Cleveland Veterinary Clinic, its employees, and representatives from all liability if <animal> suffers from injury or illness.

I represent that I am the owner or authorized agent of <animal> and I certify that the information above is correct to the best of my knowledge.

Signed _____ Date _____

Printed _____