



<b>Owner Name:</b>	<b>Pet(s) Name:</b>	<b>Phone #:</b>
<b>Check-in Date:</b>	<b>Check-out Date:</b>	<b>Alternate Phone:</b>

**Diet:** If your pet does not eat due to stress, we will do what is in your pet’s best interest and offer canned food to entice your pet to eat. If this occurs, the owner will be responsible for any extra cost.

<b>Frequency per day Circle one please</b>	<b>Once in AM</b>	<b>Once in PM</b>	<b>Twice Daily</b>
<b>Amount to be given at each meal</b>			
<b>Type of Food Circle one please</b>	<b>Own food from home</b>	<b>House Food (Hills Adult 1-6years)</b>	

**Medication:** There will be a \$5 per night upcharge for medication administration. All medication/supplements MUST be in the original container with a legible label. Additional charges will be incurred if refills are required.

Please list each medication below.

<b>Name of Medication</b>	<b>Instructions</b>	<b>Last Given</b>

**Multiple pet boarding:** If you are boarding more than one pet, please list which pets can be placed together.

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**Do your pets need to be separated during feeding times?    YES    NO**

**Personal Belongings:** Please list all belongings including foods, toys, beds, be specific: ( We provide bedding and bowls)


*\*All items left with your pet must have their name on it with a permanent marker. Syler Veterinary Clinic, its’ employees and or affiliates will not be responsible for lost or misplaced items. Syler Veterinary Clinic, its’ employees and or affiliates will not be responsible for items your pet damages or destroys while in our care. It is the pet owner’s responsibility to make sure ALL belongings are picked up upon pick-up.*



**Medical Treatment:**

If your pet develops any medical condition during their stay, we reserve the right to treat as necessary to prevent the spread of illness or further harm. In the event that your pet experiences a life-threatening problem, we will make every attempt to contact you, or any agent listed on this form. If we are unable to contact you, we will proceed as the attending DVM deems necessary. If you do not want us to perform any life saving measures on your pet, please sign the DNR (Do Not Resuscitate) order below.

**I understand that all treatments, procedures, medication will be my financial responsibility. Please Initial: \_\_\_\_\_**

**Do NOT Exceed treatment in the amount of: \$ \_\_\_\_\_**

**DNR (Do Not Resuscitate):**

**In the event of a life-threatening problem, I do not authorize any life saving measures for my pet.**

**Sign: \_\_\_\_\_**

**Boarding Policies, Rules, and General Information:**

- All animals must be free of external parasites (fleas & ticks) when admitted for boarding or treated upon arrival at owners' expense.
- We require vaccinations be up to date. If vaccinations are not up to date, or you cannot provide proof of vaccination from another clinic, we will update your pet(s) vaccinations. If fleas, ticks, intestinal parasites are found during your pet(s) stay we will treat the pet(s) at the owner's expense.
- IF your pet is to be picked up by someone other than yourself, you must make these arrangements, including payment, at the time of drop-off.
- We are not staffed 24 hours a day; therefore, your pets will be unattended during the evening hours. Our weekend/holiday kennel technician is on site twice daily (AM/PM) to care for the pets boarding.
- In the event you do not pick up your pet within 10 days after the expected date of discharge, your pet will be considered abandoned and Syler Veterinary Clinic reserves the right to relinquish care of the abandoned pet to an appropriate agency or offer the pet for adoption. You will still be responsible for all charges incurred.
- Boarding animals will be admitted and discharged only during our regular business hours or designated weekend/holiday times.
- Should your pet show any signs of aggression to our staff, we reserve the right to remove the pet immediately by way of you or animal control, thus terminating any further boarding reservations.
- All precautions will be taken to prevent injury, escape, or life-threatening emergencies. The hospital and staff will not be held accountable for problems that develop, provided that reasonable care and precautionary measures have been taken.

I hereby certify that I have read and fully understand this authorization for boarding my pet(s) at Syler Veterinary Clinic. I assume financial responsibility for all charges incurred to the listed pet(s) and agree to pay all charges. I further understand that in the event of an emergency or illness my pet will receive treatment at my cost, that there is no guarantee of successful treatment, and that the DVM on site will contact me as soon as possible.

**Printed Name: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**