



**Tomahawk Animal Hospital**  
*Friendly Service – Exceptional Care*

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**Boarding Authorization Form**

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Best phone number \_\_\_\_\_ and time \_\_\_\_\_ to reach you?

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Any known adverse reactions to vaccinations or medications? \_\_\_\_\_

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Is your pet on any special diet you would like us to feed? \_\_\_\_\_

Is your pet on any medications; explain? \_\_\_\_\_

**Would you like your dog given a bath while boarding for an additional \$20?** \_\_\_\_\_

**Medical Illness Policy:**

One of the advantages of boarding your pet with us is that medical attention is readily available should your pet become ill. If an illness were to arise concerning your pet we will try to contact you or the emergency contact listed above regarding your pet's specific symptoms and treatment options. If no one can be reached, we will proceed with medical diagnostics, procedures, and/or medications for the relief of discomfort based on your authorization as follows.

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**Please check one of the following treatment authorization options:**

\_\_\_\_ 1. I authorize Tomahawk Animal Hospital to provide whatever procedures or treatments are indicated. I understand that I am responsible for all fees incurred from services rendered in addition to the regular boarding fees.

\_\_\_\_ 2. I authorize Tomahawk Animal Hospital to provide services as indicated up to \_\_\_\_\_ \$75 \_\_\_\_\_ \$150.00 \_\_\_\_\_ other \$ \_\_\_\_\_. Please call prior to providing any service (excluding those provided during an emergency) if the estimate is to exceed the approved amount. I understand that I am responsible for all fees incurred from services rendered up to the approved amount in addition to the regular boarding fees.

\_\_\_\_ 3. Please do not provide any medical services (excluding those provided during an emergency) until specific authorization has directly been given.

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**NOTE: Occasionally, the boarding pet will develop GI upset (diarrhea, vomiting) from stress while boarding. In the event your pet has GI upset while boarding, the doctor will perform a physical exam at no charge and fecal analysis to rule out intestinal parasites. The fecal analysis and any prescribed medication will be done at the owner's expense.**

**Should an emergency arise, I further request and authorize whatever emergency treatment is necessary.** . I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. **\*Note: Tomahawk Animal Hospital will make every attempt to contact you or the emergency contact at the numbers listed above should your pet need medical attention.**

Often, sedation and/or anesthesia may become necessary for the comfort and safety of your pet during an emergency. While I understand that Tomahawk Animal Hospital uses only safe and approved sedatives and anesthetics, **I also understand that no sedative or anesthetic is risk free.** With that knowledge, I hereby authorize Tomahawk Animal Hospital to sedate or anesthetize the above mentioned animal during an emergency if required.

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL BOARDING PETS MUST BE CURRENT ON ALL VACCINES AND FREE FROM INTERNAL AND EXTERNAL PARASITES. VACCINES AND PARASITE CONTROL WILL BE PROVIDED BY THE DOCTOR AS INDICATED AT THE COST OF THE OWNER.**

**I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED FROM MEDICAL TREATMENT AT THIS FACILITY. I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_