

Medical Treatment Consent for Boarding Patients

Name _____ Date _____

Pet's

Name(s) _____

Duration of Stay ___/___/___ to ___/___/___

Contact Phone

Number(s) _____

Emergency Contact (someone other than yourself that is authorized to make medical decisions for your pet)

Name _____ Phone number _____

*In respect for your pet, the doctors and staff of Aylett Animal Hospital will provide the supportive care deemed necessary in the event your pet becomes ill during his/her stay. We will attempt to contact you and/or your emergency contact listed above before any treatment is given. However, in the event we cannot reach you, your signature below authorizes the doctors and staff to provide minimal supportive care until contact can be made. Any treatment and/or medication cost for this care are the responsibility of the pet owner.

Signature _____

Date _____