



Boarding Authorization Form

This measure is to ensure the highest quality boarding environment for your pet during their stay. We appreciate your cooperation.

Date In: _____ Date Out: _____ Pet's Name: _____
Species: _____ Breed: _____ Sex: _____ Color: _____

Own Food: Yes No Medications Brought: Yes No
Bath: Yes No
Items Brought: Yes No If yes, description: _____

**Please be advised, in the event items brought are soiled they may not be available at the time of pick up. The items will be washed and returned promptly.

Medical Treatment Authorization:

- Yes** If it is deemed necessary by a doctor that my pet needs medical attention while boarding and the staff at Aurora are unable to reach me at my provided numbers, I authorize the doctors to treat my pet.
- No** If it is deemed necessary by a doctor that my pet needs medical attention while boarding and the staff at Aurora are unable to reach me at my provided numbers, I do not authorize the doctors to treat my pet.

Is your pet microchipped? Yes No
If not, would you like him/her microchipped while they are here? Yes No

Hurricane Season

If a hurricane is forecasted to hit the New Orleans area, we will require you or an alternate contact to pick up your pet within 24 hours. If an evacuation of the facility is required, you will be responsible for any additional costs of transportation and boarding at another facility.

--Alternate contacts: Name _____ Phone # _____
Name _____ Phone # _____

I am the owner or authorized agent for the pet presented for boarding and have the authority to execute this consent. I give Aurora-Companion Animal Hospital permission to treat my pet for fleas or ticks upon arrival or departure if present. If medications are administered while boarding, I understand there an additional fee.

Signature: _____ Date: _____