

**Authorization Form for the Treatment and Boarding of an Animal When Owner is Out of Town**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ (Someone other than yourself)

Emergency Phone Number: \_\_\_\_\_

I am the owner of the above named animal and I give Woodside Veterinary Clinic authorization to treat my animal while I am either out of town or unable to be reached in case of an emergency.

I give Woodside Veterinary Clinic further authorization to (please fill out explaining to what extent you will allow your animal to be treated and if you are willing to have surgery performed if deemed necessary by the veterinarian in charge):

\_\_\_\_\_  
\_\_\_\_\_

I am willing to spend up to (please enter the dollar amount for which you will be responsible) on my pet:  
\$ \_\_\_\_\_

If you carry Pet Insurance, please indicate your carrier: \_\_\_\_\_

I give Woodside Veterinary Clinic authorization to Euthanize my animal in the event of an emergency if treatment would exceed what I have stated above, OR if the animal is suffering and it is the only humane solution to end any prolonged suffering.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

This form will stay on permanent record or until further notified by the owner.

**FOR BOARDING:**

What does your pet eat? \_\_\_\_\_ How much? \_\_\_\_\_

When? \_\_\_\_\_

Is your pet taking any medications?

Does your pet need a doctor to check them for any reason?

WOODSIDE VETERINARY CLINIC RESERVES THE RIGHT TO TREAT ANY PET FOR FLEAS IF IT IS DETERMINED AT THE TIME YOUR PET ENTERS OUR CLINIC FOR BOARDING THAT HE/SHE IS CARRYING THEM.