

**SUMMERFIELD VETERINARY HOSPITAL
4318 HWY 220 NORTH
SUMMERFIELD, NORTH CAROLINA 27358
336-643-6326
BOARDING INFORMATION**

Owners name _____ **Pet name** _____

Thank you for entrusting us to care for your pet while you are away. There are a few things that we would like to know.

While boarding, how do you want your pet fed? _____

If your pet is on medication, how do you want it administered? _____

There is an additional fee for medication, insulin and prescription diets
Please list medications:

Unfortunately there are unexpected situations that occur when we least expect them. In case of emergency, how can we contact you? _____

In the event that my pet becomes ill

- A. Let the veterinarian use his/her discretion for treatment _____
- B. I authorize treatment but not to exceed this dollar amount _____
- C. Keep my pet at your hospital but I want to be contacted _____
- D. If it deems necessary do you want your pet transported to emergency clinic? _____
- E. Please call _____ to come pick up my pet

In a life threatening situation how would you prefer we care for him/her? _____

- A. Please make all efforts to resuscitate _____
- B. Please do not make any efforts to resuscitate _____

Thank you for taking the time to answer these questions.

Signature _____ Date _____