

BARFIELD ANIMAL HOSPITAL

MEDICATED BOARDERS ONLY!

Name of Pet: _____ **Dates Boarding:** _____
Owners Name: _____ **Where Boarding:** _____

To be filled out by owner: The following medications, doses, and times that the medications are to be given to my pet are as follows:

Name of employee verifying information _____

In the event of my pet's condition changes while boarding at BAH, I can be reached at _____ (emergency number). If every effort made to contact me is unsuccessful, I give permission for the doctors at BAH to treat as they see fit and I will be responsible for all charges incurred.

Owners
Signature _____

Written on Treatment board by: _____