



## Goldsboro Pet Resort Boarding Authorization Form

Owner's Name: \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ (if multiple please fill out an additional form)

**\*there is an additional fee for pick up on Saturday/Sunday\***

I, the undersigned owner, or designated caretaker of the above listed pet hereby authorize Goldsboro Pet Resort – an extension of Goldsboro Veterinary Hospital (hereinafter “GPR”) to board my pet during the dates listed above. I also hereby authorize GPR to perform the Services indicated on this form while my pet is boarding.

<b>Own Food:</b> *There is a fee to feed in house diet*	<b>YES</b>	<b>NO</b>	<b>How much/How Often:</b> _____
<b>Bath:</b>	<b>YES</b>	<b>NO</b>	<b>If yes, what package:</b> _____
<b>Medications Brought:</b> (All medications must be labeled and have directions and dosage along with providing veterinarian) *There is medication administration fee*			
<b>Items Brought: (describe)</b> *Please be advised, in the event items brought are soiled or damaged due to the pet, they may not be available at the time of pickup**			

**Medical Treatment Authorization:**

If deemed necessary that my pet needs medical attention while boarding, and the staff of GPR are unable to reach me at my provided number, I authorize a doctor to treat my pet(s).	Yes	No
If yes, I authorize up to this dollar amount: (in addition to fee's associated with boarding)	\$ _____	

**Weather Notice:** If inclement weather is forecasted to affect the area (snow, sleet, hurricanes, winds exceeding 50 mph, tornado warnings/watches, extreme heat, etc.), we may require you or an alternate contact to pick up your pet within 24 hours of notification. By signing this form, I agree to these terms and conditions.

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

Pea Gravel: GPR now has pea gravel in place of grass to stay in compliance with the NCDA. By signing this form, I am acknowledging the GPR will not be held financially liable for any ingestion of the gravel.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_