



**Goldsboro Pet Resort**  
**Boarding Authorization Form**

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

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

**\*There is an additional fee for pick up/drop off 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 Package:</b> *Two night minimum required*	<b>YES</b>	<b>NO</b>	<b>If yes, what package:</b> _____
<b>Additional Upgrades:</b> *Please indicate how many of each upgrade and for what dates you wish to be completed*			
<b>Medications Brought:</b> (All medications must be labeled and have directions and dosage along with providing veterinarian) *There is medication administration fee*			

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.

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.

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.

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

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

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

**\*Your alternate contact must be available in case of an emergency pick up requirement. This contact must be available within 2 hours of notice. If you do not have an alternate contact, your boarding reservation will be denied\***