

Brees Animal Hospital  
7436 Frankford Avenue  
Philadelphia, Pa 19136  
215-338-3219

Client's Name (First, Last) \_\_\_\_\_

Pet's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Dog / Cat \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Color \_\_\_\_\_

Boarding Dates: Drop off Date \_\_\_\_\_ Pick up Date \_\_\_\_\_

Is your pet on:

Special Diet? Own food? Brand \_\_\_\_\_

Feeding Instructions \_\_\_\_\_

Medication? Type and Dosage \_\_\_\_\_

Would your Cat or Dog show any Aggression towards:

Cage Confinement \_\_\_\_\_ Other Animals \_\_\_\_\_

Food Handling \_\_\_\_\_ Kennel Staff (strangers) \_\_\_\_\_

Does your pet have any allergies towards Certain Foods? \_\_\_\_\_

Allergies towards Medications? \_\_\_\_\_

Does your pet get Diarrhea or stomach upsets with Diet changes? \_\_\_\_\_

**BATH**: By Signing, I authorize Bree's Animal Hospital to bathe my pet prior to Pickup for an additional cost of \$25.

x \_\_\_\_\_ Initial if declined x \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT WHILE BOARDING AT BREE'S ANIMAL HOSPITAL**

I, the Undersigned Owner of the Patient above, hereby authorize Bree's Animal Hospital to administer such treatment as is necessary if my above mentioned pet was to become ill while boarding at Bree's Animal Hospital and all attempts to contact me have been tried and proven unsuccessful. Further, I assume Financial Responsibility for the treatment if an illness was to arise. As requested, I have supplied the above Emergency Contact information. I, hereby, certify that I have read and fully understand this 'Authorization for medical treatment while boarding' Form.

Owner / Responsible Agent x \_\_\_\_\_ date \_\_\_\_\_

Witness x \_\_\_\_\_ date \_\_\_\_\_