

## Boarding Admission and Living Will

Client Name: \_\_\_\_\_ Food: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Last Fed: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Who will pick up pet: \_\_\_\_\_

Personal Items: Leash \_\_\_\_\_ Carrier \_\_\_\_\_ Bone \_\_\_\_\_ Treats \_\_\_\_\_

Bed: \_\_\_\_\_ Blanket \_\_\_\_\_ Towel \_\_\_\_\_

Toys \_\_\_\_\_ Other \_\_\_\_\_

(Highlight meds that need refilled)

Medications:	Next dose due:	Exam needed: (Y/N)
<input type="checkbox"/> _____	_____	Update Vaccines: _____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	Fecal: _____ Heartworm Test: _____
<input type="checkbox"/> _____	_____	Bloodwork: _____

### Instructions for the health care of my pet:

In the event of an emergency I authorize the following treatments to be performed:

\_\_\_\_\_ I DO authorize Linden Heights Animal Hospital to perform lifesaving treatments on my pet. This may include the administration of medication, chest compressions, oxygen, ventilation, and other emergency measure deemed medically appropriate. I understand that in this event I will be contacted when the veterinarian is able to step away from the pet. I assume financial responsibility of all lifesaving treatments.

\_\_\_\_\_ I DO NOT authorize Linden Heights Animal Hospital to perform lifesaving treatments on my pet. I authorize the attending veterinarian to minimize pain and suffering after the attempt to contact me. If the veterinarian is unable to contact me, I authorize the attending veterinarian to make the medically appropriate decision that may include euthanasia.

### I HAVE READ AND UNDERSTAND THE AUTHORIZATION AND CONSENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be reached: \_\_\_\_\_

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

