

Gulfcoast Veterinary Clinic

Denise M. Kalliainen, DVM

15560-3 McGregor Blvd., Fort Myers, FL 33908

phone (239)433-2424, fax (239)433-9487

Date: _____

Name of boarder(s): _____

To be boarded from: _____ to _____

I, _____ authorize and direct Dr. Denise Kalliainen, my veterinarian, to orchestrate the care and feeding of said pet(s) while being boarded at Gulfcoast Veterinary Clinic, and/or to do any other therapeutic procedure that her judgment may dictate to be advisable for the animal's well being and health. I hereby authorize additional services for the pet(s) as she deems reasonable, and the performance of service involving blood work, radiology, and I hereby consent thereto. Prior notification when at all possible will be provided. **Any necessary food/medications must be brought in with the pet(s) or it will be added at the owner's expense. You will be charged boarding fees for the day in and day out, regardless of the time you pick up or drop off your pet. All pet(s) must be current on all vaccinations: if not, they will be updated before being boarded.**

Dietary Needs: _____

Any Additional Services (vaccines, nail trims, etc): _____

Items Being Left With Pet(s): _____

Current Medications: _____

Misc. Information: _____

Signature of Owner or Authorized Agent _____

Forwarding Number _____

Emergency Contact Person _____ Phone Number: _____