



## Medical Directive for Boarding

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

Owners Emergency Phone#'s \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Local Emergency Contact  
Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

### Medical Illness Directive

If your pet becomes ill during his/her stay, please choose the course of action you would like Superior Animal Hospital and Boarding Suites staff to take in order to aid your pet. **If you do not leave a directive with us or a dollar limit- understand that Superior Animal Hospital and Boarding Suites staff will do everything in their power to help your pet if you or your emergency contact cannot be reached.**

( ) I give Superior Animal Hospital and Boarding Suites staff permission to treat **non-life threatening** illness (diarrhea, ear infections, urinary infections, etc.) as the Veterinarian on staff recommends for the overall well being of my pet.

\*\* I authorize up to (circle one) \$200 \$300 Whatever is needed\$ \_\_\_\_\_

( ) I give Superior Animal Hospital and Boarding Suites staff permission to treat **potentially life threatening** situations as the Veterinarian on staff recommends. This may include procedures considered therapeutically or diagnostically necessary for the care of my pet including administration of anesthesia, x-rays, lab work and surgery.

**All attempts will be made to contact the owner or emergency contact person first before treatment if possible.**

\*\* I authorize up to (circle one) \$500 \$800 Whatever is needed\$ \_\_\_\_\_

( ) **I do not wish Superior Animal Hospital and Boarding Suites to proceed with life saving measures for my pet. I understand that my pet may die without permission to give medical assistance of any kind from Superior Animal Hospital.**

I certify that I have read and fully understand this authorization for medical treatment, and the procedures that will take place if I cannot be reached. I hereby release Superior Animal Hospital and Boarding Suites and all staff from any and all claims arising out of medical treatment needed for my pet. **I agree to pay all medical costs accrued due to illness or injury of my pet while boarding.**

Owner or agent of  
owner \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*This medical directive and signature are valid for one year from the date signed. Any changes need to be updated with Superior Boarding Suites staff upon check in\*\*\*