



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.

Own Food: *There is a fee to feed in house diet*	YES	NO	How much/How Often:
Bath Package: *Two night minimum required*	YES	NO	If yes, what package:
Additional Upgrades: *Please indicate how many of each upgrade and for what dates you wish to be completed*			
Medications Brought: (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