



Norwalk Animal Hospital

330 Main Avenue | Norwalk, CT 06851
Ph (203) 847-7757 Fax (203) 846-8146

I understand, that despite receiving good care, my pet may become ill while boarding. My signature below authorizes Norwalk Animal Hospital to treat my pet, including diagnostics and surgery if necessary, until he/she returns to health. The doctor will make a reasonable attempt to contact me before treatment is initiated. I understand that I am responsible for any cost involved should treatment be needed.

- [] Provide any and all services to restore and maintain good health.
- [] Provide services not to exceed \$_____.

Signed _____ Date _____

BOARDING CAGE CARD

Pet's Name: _____ Owner's Name: _____

Breed: _____ Color: _____ Sex: _____

Phone# While Away: _____

Dates of Boarding: _____

Diet: _____

Medications: Yes No

Bath/Groom: _____

Vaccs/Exam: _____

Belongings: _____

Other: _____