



541-463-1066

410 Sunnyside Drive, Eugene, OR 97404

AuntiesCatKennels.com | auntieskennels@gmail.com

Authorization for Veterinary Care

In consideration of my cat(s) _____ being accepted for boarding at Auntie's Cat Kennels, if my cat becomes ill or injury is suspected, I understand that the owners or employees of Auntie's Cat Kennels will attempt to contact me or my nominee. If they are unable to contact my nominee or myself, I hereby give permission for the owners or employees of Auntie's Cat Kennels to authorize veterinary consultation and to carry out the treatment recommended. I agree to hold Auntie's Cat Kennels harmless from such costs. Please specify if you would like treatment limited to certain services:

If my cat(s) are found to have fleas, I agree that Auntie's Cat Kennels may administer Advantage topical treatment.

I further agree that the owners and employees of Auntie's Cat Kennels shall have no liability for any decisions made by the virtue of this authorization which are made in good faith and for which there are reasonable grounds.

If possible, I prefer my own veterinarian to be consulted in such cases, unless precluded by an emergency.

My veterinarian is (name) _____ Phone: _____

My cat(s) is/are on the following medications(s) _____

SIGN

PRINT

DATE



If my cat _____ is gravely ill and is suffering and/or death is imminent, I authorize euthanasia.

SIGN

PRINT

DATE