

Boarding Agreement

Please read each section carefully and fill out all required information.

Date Today: _____ Date of Pickup: _____ Estimated Time: _____

As a service to you, we do allow pickup after regular office hours, but only on Sunday between 5:00 and 6:00 pm.

Owner: _____

Please indicate whether or not you would like your pet(s) bathed. A bath includes: pedicure, ear cleansing, and sac expression, and a shampoo. Also, please let us know if your pet(s) is on any medications. If yes, please include drug name, dosage, and frequency of administration.

	Bath	Medication	YES / NO
Pets Boarding: _____	YES / NO _____	Name _____ Dosage _____	____ X / Day
_____	YES / NO _____	Name _____ Dosage _____	____ X / Day
_____	YES / NO _____	Name _____ Dosage _____	____ X / Day
_____	YES / NO _____	Name _____ Dosage _____	____ X / Day

*Please bring all medications to me administered while boarding.

Please choose an emergency contact/agent that is authorized to make decisions about your pet(s).

Persons to contact in case of emergency: _____

Emergency phone numbers: _____

Pet's belongings (carriers, leashes, food, etc.): _____

*We are happy to provide blankets or towels for your pet, but cannot be responsible for personal items left, other than carriers.

Special instructions: Does the Doctor need to examine your pet while boarding? Will your pet undergo a surgical procedure or have vaccinations updated? Please be as specific as possible.

Do you need to purchase Heartworm Preventative upon your return? YES / NO

Boarding Policies

Vaccinations: To assure the protection of all pets under our care, the following vaccinations must be up to date or they will be given at your expense: DOGS: DHLPP-PC (Distemper), Bordatella, Rabies. CATS: FVRCP (Distemper), Rabies.

Note: We will accept a vaccine record or other written proof from another veterinarian.

Fleas and Ticks: We will check your pet(s) on entry to the hospital; if fleas and / or ticks are found, your pet(s) will be treated at your expense.

Medical Illness: If your pet(s) becomes ill while here, we will attempt to contact you or your agent at the phone number(s) provided above. If no one can be reached, we will do what is deemed necessary to treat and charge appropriately.

I fully intend to pick up my pet(s) on the date specified above.

Owner/Agent Signature: _____

Witness: _____