

BOARDING AGREEMENT

SOUTHSIDE ANIMAL HOSPITAL

Today's Date: _____

Date of Pick-Up: _____
(pet's receiving bath can go home after 3)

Owner: _____

Emergency Contact: _____

Owner Phone: _____

Emergency Phone: _____

Owner email: _____

Other contact: _____

Pet(s) Boarding:

Bath: Yes No Medication: Yes No

Pet's Belongings(toys, food, blankets): _____

Feeding Instructions: _____

When did your pet(s) last eat? _____

Additional

Instructions: _____

Meds: Please ask for an additional medication sheet

Vaccination Policy: To ensure the protection of all pets under our care the following are required:

Dogs: Rabies DHPP Bordetella(within 6 months) Fecal Float(within 1 year)

Cats: Rabies FVRCP Fecal Float(within 1 year)

Parasite Policy: If any fleas/ticks/intestinal parasites are observed while boarding, the pet will be treated at the owner's expense. Approximate cost is \$20-\$30 depending on the size of your pet.

****I understand the Parasite Policy:** _____ (initial)

Medical Illness Policy: We will always try to contact you should your pet become sick/injured while boarding. In the event that your pet exhibits life-threatening/severe symptoms and you cannot be reached, the veterinarian will begin treatment.

****I understand the Medical Illness Policy:** _____ (initial)

I have read and understand this agreement. I intend to pick my pet(s) up on the specified date and if circumstances should change I will notify the office of the new pick-up date.

Date: _____ Owner Signature: _____

BOARDING DATES: () - ()

Meds been given today? YES / NO

If so, what and when was the last dose(s) administered? _____

1. Drug Name and Strength _____ Dose _____
Administration (AM / Noon / PM)

Date										
AM										
Noon										
PM										

2. Drug Name and Strength _____ Dose _____
Administration (AM / Noon / PM)

Date										
AM										
Noon										
PM										

3. Drug Name and Strength _____ Dose _____
Administration (AM / Noon / PM)

Date										
AM										
Noon										
PM										

4. Drug Name and Strength _____ Dose _____
Administration (AM / Noon / PM)

Date										
AM										
Noon										
PM										

Owner Signature/Date _____

All medications are to be administered as listed above. My signature represents that all of the information provided is correct. If your pet should run out of medications, as listed while boarding, you are authorizing us to refill and continue as listed above, unless stated that they are to be discontinued.

Pet Name: _____