

# 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:**

Pet	Medication	Last Given

**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: \_\_\_\_\_