

Boarding Agreement

Today's Date: _____

Date of Pick-up: _____ A.M. P.M.
(pet's receiving a bath cannot go home before 3 P.M.)

Owner: _____

Pet(s) Boarding:	Bath:	Yes	No	Medications:	Yes	No
_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Carrier, Toys, etc.) _____

Special Instructions - Include detailed medications directions, feeding instructions, and anything you wish the doctor to check for:

Vaccination Policy

To insure the protection of all pets under our care the following must be up-to-date (within past year):

DOGS: Needs: Rabies DHPP Bordetella Stool Exam Up-to-Date
CATS: Needs: Rabies FVRCP Up-to-Date

If proof (veterinarian's records) not provided, your pet will be vaccinated. Approximate cost is \$120.00 per dog and \$90.00 per cat. I give permission to update my pet(s) vaccinations in accordance with the above policy.

Parasite Policy

In addition, if any fleas/ticks are observed on your pet(s) while boarding he/she will be treated at the owner's expense. Approximate cost is \$10 to \$15 depending on size of your pet.

If we perform a stool exam and your pet has intestinal parasites, your pet will be dewormed. Approximate cost is \$8 to \$25 depending upon type of parasites and size of your pet.

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should need arise. If your pet(s) become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

I authorize up to (check one and indicate amount) \$ _____, \$100, \$200, Unlimited, in medical care of my pet(s) until someone can be reached.

Do not administer any medical treatment until specific authorization is given.

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

Date

Owner / Agent for Pet(s)