

Boarding Agreement

Today's Date: _____ Pick-up Date: _____

Owner's Name: _____

Pet(s) Boarding: _____

Person(s) to contact in case of emergency: _____

Pet(s) belongs (carriers, toys, med, etc.) _____

For Your Pet's Health

Vaccination Policy:

To ensure the protection of all your pets under our care, the following must be up-to-date:

Dogs: _____ Rabies _____ Dappvl _____ Corona _____ Bordetella

Cats: _____ Rabies _____ Fvrp/Felu _____ Fvrp

If not up-to-date, or unable to provide proof of vaccinations, I give my permission to update my pet(s) vaccinations in accordance with the above policy. In addition, if any fleas or ticks are observed on your pet(s) while boarding, they will receive treatment at the owner's expense

Medical Illness Policy (Choose Only One)

One of the advantages of boarding your pet(s) at a veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency numbers(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.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet(s) until someone can be reached; this includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to \$_____ in medical care for my pet(s) until someone can be reached

_____ **DO NOT** administer any medical treatment until specific authorization is given.

Phone # _____ Phone # _____

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

Owner/Agent for pet(s): _____ Date: _____