



Boarding Agreement for:

Client: _____ ID: _____ Patient: _____ ID: _____
Address: _____ Species: Feline Canine (Circle One)
Breed/Color: _____
Phone: _____ Sex / Age: _____

Boarding period: Drop-off date: _____; Pick-up date: _____

We welcome the opportunity to care for your pet while you are away. The following recommendations must be adhered to for your pet's health and safety, as well as all other animals staying in our hospital. Thank you.

We prefer usage of the Clinic's towels/blankets/dishes etc., to keep your pet comfortable. We launder on a daily basis. Should you choose to bring anything from your home (i.e., toys, bedding, leashes) we will not be responsible for the loss or damage of these items.

Boarding fees include the feeding of Clinic provided the food we have in Clinic are appropriate for your dog/cat's age and condition. Should your pet require a specific diet or you would like his or her own brand of food fed, we prefer that you bring this from home. The boarding rate remains the same no matter if home food is provided.

All animals entering the hospital must have written proof of vaccine status and be free of external parasites or they will be vaccinated/treated at the owner's expense.

Vaccine requirements are as follows:

Dogs - Rabies, DA2LPP, Bordetella & a negative fecal. Heartworm/Tick borne disease testing is recommended.

Cats - FVRCP (Distemper), Rabies, negative fecal & a negative FIV/FeLeuk status or history of isolation.

Daily exercise within our fenced facility (weather permitting) is included in the boarding fee. If you decline this service, please sign here: **I DECLINE WALKS/EXERCISE FOR MY PET:** _____

If your dog is staying with us for 5 or more days, we offer a complimentary bath given the night before discharge. We use our Cocoderm shampoo/conditioner. If you would like this service please initial here:

_____ If you **decline** this service, please initial here: _____

I REQUEST A NAIL TRIM FOR MY PET (\$19.00): _____

I REQUEST OTHER SERVICES FOR MY PET (please list): _____

Should an emergency arise, we will make every effort to contact you at the emergency number you provide us. **If we are unable to contact you: I hereby authorize the veterinarian in charge to do whatever is necessary for the well-being of my pet and agree to pay for such items/services.**

I also agree to pickup my pet within 5 days of the discharge date, and you may consider my pet abandoned if I do not. You are hereby deemed authorized to select an appropriate disposition for my pet.

OWNER/AGENT SIGNATURE: _____ DATED: _____

EMERGENCY PHONE NUMBER(S): _____