



Boarding Agreement



Dedicated to
Veterinary
Excellence

Pet's Name _____

Owner's Last Name _____ Owner's First Name _____ Date _____

Please take a few moments to review the following important hospital policies, and to provide us with some information about your pet's personal habits. Our goal is to make your pet's visit as enjoyable and "home like" as possible.

VACCINATION POLICY

To protect your pet(s) and all other pets under our care, we require current vaccination/lab tests (performed by a licensed veterinarian) for the following :

DOGS

DA2PP

RABIES

*FECAL

*BORDATELLA

(*Every 6 months)

CATS

FVRCP

RABIES

*FECAL

We require that all boarding pets are free of both internal and external parasites (fleas, ticks, internal parasites, etc.). If internal or external parasites are noticed, they will be treated at owner's expense.

TOYS, TREATS AND BEDDING POLICY

We provide bedding for your pet(s) to lie on, treats, chew toys, water and food bowls, leashes, and hospital identification collars. We discourage owners from leaving their pet(s)' personal bedding, towels, toys, leashes, collars, clothing items, etc. If you should choose to leave any of the above items, every effort will be made to return them to you. However, we cannot assume responsibility for lost or damaged items.

Please list & describe all items you are leaving with your pet:

*Please describe your pet's feeding instructions in detail:
(if not specified, we will feed Prescription Purina EN Dry food 2x's per day)*

MEDICATION

On the back of this form, please note any medications your pet is taking & detailed instructions to administer. There is a small fee to administer medication to boarding pets.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at our hospital is that a veterinarian is readily available should your pet require medical attention. If one of your pet(s) should require veterinary attention while boarding, please choose one of the following options:

PLEASE INDICATE ONLY ONE OPTION

- ☐ A. Please do whatever is needed without calling me.
- ☐ B. Please do whatever is needed up to \$_____ in addition to what was authorized at drop off without calling me.
- ☐ C. Please call me at the emergency number I will provide each time I board my pet before administering any medical treatment.
IF FOR ANY REASON YOU CAN'T REACH ME:
- ☐ a. Perform whatever procedures are needed.
- ☐ b. Do whatever is needed up to \$_____
- ☐ c. Do only what was authorized at drop off. I give permission for emergency, life-saving medical procedures only.
- ☐ D. Please do not administer any medical treatment other than emergency, life-saving procedures.

OPTION "E" IS AVAILABLE ONLY WITH PRIOR APPROVAL OF DOCTOR

- ☐ E. Due to advanced age, debilitated condition, and/or terminal illness, do not administer life-saving treatment to my pet _____.

VIP Boarding? ☐ Yes ☐ No

Do you want your pet to receive a bath before they go home? ☐ Yes ☐ No

Has your pet ever shown signs of aggression towards other animals or people? ☐ Yes ☐ No

Signed _____
(Owner/Agent)

Date _____

I can be reached at the following phone number:

For Front Office Only:

Weight _____

Photo _____

ID _____

Deposit _____

Cage Card Complete _____

Charges In _____

Scheduled for additional procedures _____

VAX history verified _____

Reminders reviewed _____

Staff Initials