

BOARDING AGREEMENT

Today's Date _____ Pickup Date _____ AM PM (circle one)

Owner's Name _____ Pet's name(s) _____

Emergency contact (required) _____ Phone _____
(Please make sure this is a person you trust to make medical decisions regarding your pet)

Pet's belongings _____

*Medication requirements _____

Has medication been given today? _____

*Diet/Feeding instructions _____

Would you like your pet to be bathed before going home? (Additional fee) YES NO (circle one)

Special instructions _____

***THERE WILL BE AN ADDITIONAL CHARGE FOR DAILY MEDICATIONS AND / OR SPECIAL DIET NEEDS.**

***We now offer anti-anxiety medications, for easily excited and anxious animals while boarding.**

All animals boarding in our kennel are required to be current on vaccinations as well as a fecal test for intestinal worms and a physical exam. If proof of vaccinations and worm test cannot be obtained from another veterinary clinic, the pet must be updated in order to stay in our kennel. All costs are the responsibility of the pet owner. **NO EXCEPTIONS.**

Dogs

Rabies

DHLP+C

Bordetella

Fecal test

Physical exam

Cats

Rabies

FVRCP

FELV

Fecal test

Physical exam

Please realize these rules are enforced for the health and comfort of all our guests while staying with us.

ALL ANIMALS BOARDING IN OUR KENNEL WILL BE EXAMINED FOR FLEAS. IF FLEAS ARE FOUND, YOUR PET WILL BE TREATED AT THE OWNER'S EXPENSE. NO EXCEPTIONS.

We feel that one of the benefits of boarding your pet in our clinic is the fact that medical attention will be available for your pet if and when it becomes necessary in your absence. Please read and sign below:

I fully understand that I assume all risk and that the clinic and staff will not be liable for any problems that develop provided they have taken all reasonable precaution against injury, escape or death of my pet. I understand that if any problems occur you will attempt to contact the emergency contact listed above. If no one can be contacted, my pet will be treated as deemed best by a staff veterinarian and I assume full responsibility for all resulting expenses. I will pick up my pet by the date shown above or will contact the clinic if the pickup date needs to be changed.

Owner or responsible party signature