

## **Boarding Agreement**

Client:	Patient:
Address:	Breed:
	Color:
Contact Phone #:	Age:
Email:	Sex:
Client ID:	Weight:

## **Requirements for Boarding**

**Proof of Vaccinations** – animals must be current on all of the following vaccines:

- For Dogs: Bordetella (kennel cough) every 6 months, Rabies, Canine influenza H3N8, H3N2
- For Cats: Rhinotracheitis, Calici, Panleukopenia, Chlamydia, Psittaci and Rabies

All animals must be Free of External Parasites (ex. Ticks, fleas, etc.) or they will be treated at the owner's expense.

If I am unable to be reached, Sherwood South Animal Hospital has my permission to do whatever necessary should an emergency arise or my pet needs medical attention. Also, should my pet become ill after being picked up from boarding, I am aware I will be responsible for this expense.

It is not recommended to leave personal items for your pet. If doing so, all items must be labeled clearly with a permanent marker. Sherwood South Animal Hospital is NOT responsible for any damaged or lost personal items left with a pet.

If your pet is to receive medications while boarding, there will be a **daily medication administration fee charged** for each day your pet is receiving the medication.

Sherwood South Animal Hospital has the right to refuse luxury suite usage for any pets who are difficult to handle or become unruly and destructive while boarding in luxury. Pets will be removed from the suites and placed in a regular area. **Owners will be responsible for the replacement value of any damages incurred up to, but not exceeding \$200.00.** 

Check in Date:	Check out Date:
	Pick up Time:
Would you like your pet bathed while boardi (There are additional charges for bathing. Ea Date to be bathed:///	ar cleaning and nail trims are including with bathing prices.)
Emergency Contact Name & Phone Number:	
I have read the boarding requirements and	
(Signature of legal owner or financially resp	onsible person) Date