

Pawleys Boarding – Agreement

* Canine* or Feline*

Admit Date: _____ Discharge Date: _____

Owner's Name: _____ Pet's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Contact # _____

For your pet's protection as well as the other pets being boarded here, **written** proof of current vaccinations (see below) is required. Your pet must also be free of both intestinal and external parasites. If no proof of vaccination is presented or evidence of intestinal parasites is seen, an **exam**, vaccination(s) and parasite treatment will be given at your expense. Pawleys Veterinary Hospital and staff will not be held liable for health problems that may develop while boarding provided reasonable care and precautions are followed by the hospital and staff. The hospital and staff will not be held responsible for personal items left with your pet. Medications must be in their original containers with legible directions from the prescriber.

If my pet shows signs of illness or injury while boarding, I authorize:

_____ Only life saving treatment until I, or my emergency contact person, can be reached.

_____ No treatment until I can be reached.

_____ Any treatment the doctor feels is necessary in the best interest of my pet. Treatment is not to exceed \$ _____ .without additional consent me, or my emergency contact person.

Is your pet currently on medication to be given while boarding? YES ___ NO ___ (SEE BACK OF PAGE)

Does your pet have any known major medical problems (e.g. DIABETES, SEIZURES)? YES ___ NO ___

Please describe: _____

Is your pet coughing, sneezing, vomiting, or having diarrhea? If so, how long has the problem been present? _____

Does your pet have any eye, ear, or skin problems? YES ___ NO ___

If yes, please describe: _____

You will be contacted after an exam if treatment is needed.

Contact Number: _____

Is your pet on Heartworm Prevention? YES ___ NO ___ Date it was last given? _____

Is your pet on Flea Prevention? YES ___ NO ___ Date it was last given? _____

Owners Signature: _____ Date: _____

For Staff Use Only:

Canine Required: RABIES BORD DHPP FECAL Optional: HEARTWORM TEST LEPTO LYME

Feline Required: RABIES FVRCP FECAL Optional: FELV

Pets Name: _____

Medications (please list):

Medication

DATE	AM	NOON	PM	DATE	AM	NOON	PM

Medication

DATE	AM	NOON	PM	DATE	AM	NOON	PM

Personal Items

Leash:
Collar:
Toys/Treats:
Bed:

Do you want your pet to be bathed before going home? Yes ___ No ___ Have nails trimmed Yes ___ No ___ . Anal sacs expressed? Yes ___ No ___

Would you like your dog(s) to have supervised group play? Yes ___ No ___

Can treats be given? Yes ___ No ___

Feed owner provided food? Yes ___ No ___

Amount usually fed in the AM _____ PM _____

Bear in mind, many pets will eat less while being boarded (often due to less exercise, stress, unfamiliar environment, etc.).