

Boarding Agreement:

Owner's Name: _____

Date: _____

Address: _____

Animal Name: _____

Sex: _____

Tag: Breed: _____

Date of Birth: _____

Color: _____

Is pet spayed/neutered? _____

Has pet boarded before today? _____

Is pet current on vaccinations? Canine: Distemper/Parvo,

Bordetella (**within 6mo.**), Rabies

I, being the owner /agent of the above animal, agree to board my pet during the following dates: _____ to _____.

Emergency Contact: _____ Phone: _____

Special Diet: _____

Medications Required _____

Belongings left with pet: _____

Special Instructions: _____

Please allow my dog to be exercised in an indoor run twice daily. Because of security risk, please do not take my dog outside.

Please allow my dog to be walked outside twice daily. Dogs are double leashed by Kennel Technician. I realize outside walking involves a security risk and will not hold clinic liable in case of injury, escape or death of my pet.

I also agree to the following boarding regulations:

Drop off and pick up for boarding can be done on:

Mon.,Wed.,Thurs. Fri. 7:30am to 5:30pm

Tuesday 7:30am to 7:30pm

Saturday 8:00am to 12:00pm

ALL PETS MUST BE CURRENT ON VACCINATIONS; AN EXAM IS REQUIRED FOR ANY VACCINATIONS.

Canine: Distemper/Parvo, Bordetella (**within 6mo.**), Rabies

Feline: FVRCP, Rabies

Any animals found to have intestinal worms or fleas will be treated and charged accordingly.

All animals will be fed a high quality diet. If special diets are required, they must be furnished.

The owner gives consent to perform emergency life saving medical/surgical treatment if deemed necessary. All efforts to contact the owner prior to any procedure will be made.

Owners must supply the pet's medications; or it will be supplied by the hospital at regular cost.

A \$1 per day medicating fee will be added. An extra fee will be added for Animals requiring special handling.

Signature: _____ Date: _____

Payment in full is expected at time of pick up. Thank you.

For owners with multiple pets:

Please allow my pets to be boarded together in the **same** kennel for their entire stay.

Please keep my pets in **separate** kennels for their entire stay.

Signature: _____ Date: _____

WALK OUTSIDE

SAME KENNEL

WALK INSIDE

SEPARATE KENNEL

BOARDING MEDICAL FORM

(Put on front of cage)

Name:	Dates of Stay: to	Species: 17
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Items Brought: (circle) Toy(s) Blanket(s) Bowls Other

Description: _____

Date:																			
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Fed:																				
Stool:																				
Urine:																				
Ate																				

Feeding Instructions: (circle) **Owner's Food** **House Food**

MEDICINE INSTRUCTIONS

MED #1 _____

MED #2 _____

MED #3 _____

MED #4 _____

MED #5 _____

Date:																				
MED 1																				
MED 2																				
MED 3																				
MED 4																				
MED 5																				

STOOL: N=normal D= Diarrhea B=Bloody Diarrhea