

Boarding Agreement

Date in: _____ Date out: _____ Bath? YES _____ or NO _____

Is your pet on medication (Give medication to receptionist)- YES _____ NO _____

If yes, have they been given today? _____

Does your pet have any allergies? _____

Emergency Contact: _____

Phone number: _____

Your pet's health and comfort, and that of all our patients, is our highest priority. To ensure our patients' well being, and prevent a flea infestation in our facility, our policy is as follows:

If your pet has fleas, we will administer an oral flea control product (Capstar) at a charge of \$7.50 per pet. Capstar is an oral flea treatment that begins working within 30 minutes to kill all the adult fleas on your pet; this medication lasts for only 24 hours and is safe for use in cats and dogs. You will be able to continue your current flea prevention at home without interruption.

Has flea prevention been given within the past month? YES/NO

When and What? _____

Please initial that you have read and understand this policy: _____

Reasonable care will be used against injury, escape, or death of this pet(s). The clinic and staff will not be held responsible for problems that may occur given that reasonable care and precautions are followed. I understand that any problem that occurs with my pet(s) will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense incurred.

Owner or Responsible Party

Comments: _____

