



Island Animal Hospital

2603 Demere Road ~ St. Simons Island, GA 31522 ~ 912-638-2583

BOARDING AGREEMENT

	(check one)	Yes	No
Does your dog like to play with other dogs?			
Is your pet on medications? (If yes, please fill out medications page)			
Does your pet have an incision, sutures or staples?			
Has your pet been treated with flea/tick medication in the last 30 days?*			
Does your pet have a history of shredding/eating bedding?			
Is your pet afraid of thunderstorms/fireworks?			
Does your pet have allergies? (If yes, please list in special instructions)			

*If fleas/ticks are observed on your pet during boarding, treatment will be provided at your expense.

Vaccination Policy: To ensure the protection of all the pets under our care, the following must be up to date or administered while your pet is in our care.

Dogs: Rabies; Distemper/Parvo (DHPP); Bordetella, Negative Fecal with in 12 months

Cats: Rabies; FVRCP (Distemper)

A la Carte Activities For Dogs

Individual playtime/pool time \$5 per day _____

Daytime Peanut Butter filled Kong \$1per day_____

Bedtime snack, extra cuddles (treats or Peanut Butter filled Kong) \$1 per day_____

A la Carte Activities For Cats

Play time/ cuddle time with staff member in cat room with toys \$2 per day_____

Please provide a cell number or email, so we can send you a photo. _____

Owner's Signature: _____ Date: _____



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Medication Information Form

Medication #1

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____

With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Medication #2

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____

With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Owner's Signature: _____ Date: _____



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912-638-2583 Phone ~ 912638-7852 Fax

Medication Illness Policy

One of the advantages of boarding your pet(s) in an animal hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed below regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached; however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- I do have monetary limitations (not including regularly boarding charges). I authorize up to \$_____ in medical care until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify the hospital of the changes.

Emergency Contact Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

(Signature of responsible party)

(Date)