

# ABC Veterinary Clinic

## Boarding Agreement

Owner: \_\_\_\_\_ Boarding Dates: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Number where you can be reached: \_\_\_\_\_

Please provide an Emergency Contact (someone that is not traveling with you):

**\*\*\*Please be aware that your emergency contact will be responsible to make medical decisions for your pet if you are unable to be reached\*\*\***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your pet current on its vaccinations? \_\_\_\_\_ Did you bring proof of vaccinations? \_\_\_\_\_

Did you bring your own food? \_\_\_\_\_ Feeding Amount/times: \_\_\_\_\_

Is your pet currently on medication? No  Yes  If so, please fill out the **Medication Form** attached.

⚠ There will be a \$2.00-\$4.00 charge **per dose** of any medication given during your pet's stay.

Does your pet have any allergies (food, skin, etc.)? If so please list:

\_\_\_\_\_  
List and describe the personal items you are leaving with your pet (please limit belongings to 3 items):

\_\_\_\_\_  
Has your pet been diagnosed with any medical condition such as heart condition, diabetes, thyroid disease, or any other health conditions we should be aware of?

If so, what conditions? \_\_\_\_\_

⚠ Would you like one-on-one playtimes during your pet's visit? (\$7.00/20 minute session) \_\_\_\_\_

Would you like any of the following services performed during your dog's stay? (Complimentary baths are given for **dogs** staying 5 nights or more on the day before they leave):

Bath (\$25.00)  Nail Trim (\$11.25)  Anal Glands (\$18.95)

### **Owner Consent and Acknowledgement:**

I **AGREE** to the following terms of boarding (please initial). Please be aware that the following terms are at the **owner's** expense:

\_\_\_\_\_ Please be advised that ABC Veterinary Clinic is **not** responsible for the personal items that are left with your pet.

\_\_\_\_\_ I understand that ABC Veterinary Clinic staff members will take any precautionary measures to insure the proper protection and well-being of their boarding guests. There is always a risk of disease transmission involved with boarding situations.

\_\_\_\_\_ I authorize the attending veterinarian to provide medical treatment to my pet as deemed therapeutically necessary. I understand that the staff will make all reasonable attempts to contact me (at the number provided) prior to the administration of treatment.

\_\_\_\_\_ In the event of a life threatening condition, I authorize emergency treatment, regardless of whether I can be reached.

By signing below, I acknowledge that I have read and understand the Boarding Agreement form, and I agree to all the provisions stated above. I assume all financial responsibility for charges incurred related to the care provided and understand that payment for these services will be required in full upon discharge of my pet.

\_\_\_\_\_

Owner's Signature

Date