



Animal Hospital

Boarding Agreement

Date Today _____ Date Pick Up _____ A.M. P.M.

Owner _____

*Medication

Pets Boarding: _____

Yes No

Yes No

*There will be an extra charge per day per pet for the administration of medication

Emergency contact Name and Phone Number _____

Pet's Belongings (Carrier, Toys, Food) _____

Special Instructions (Including detailed medication directions and anything you wish the doctor to check for): _____

Our Vaccine Policy: To insure the protection of all pets under our care, the following vaccines must be up to date:

Dogs: CDHLPP, Bordetella, Rabies

Cats: FVRCP, Rabies

___ I give permission for Pet Vet Animal Hospital to update my pet(s) vaccines in accordance with the above policy.

Please indicate your wishes below should your pet require treatment to resolve an important medical condition.

___ Please perform any services the doctor deems necessary for the best care of my pet.

___ I authorize up to \$ _____ in medical care for my pet until someone can be reached.

___ Do not administer any medical treatment to my pet until authorization is given.

***All Boarding animals entering Pet Vet must be flea and tick free and on preventative, or they will be treated upon entry at the owner's expense.**

Owner/Agent for pet(s) _____ Date _____