

287 Animal Hospital Boarding Agreement

Owner's Name: _____

Pet's Name: _____

Pickup Date & Time: _____

Open Monday – Friday 7:30am-6pm and Saturday 8am – 1pm

IN CASE OF AN EMERGENCY CONTACT:

Name: _____ Phone #: _____

SPECIAL INSTRUCTIONS:

Special Diet, Heartworm preventative, Medications

If your pet requires continual medication we will be glad to administer it. The charge is usually \$2/day unless the pet requires extensive medication. If your pet requires special prescription diet, you may bring some of your food from home or we will have to open a new bag or cans and charge accordingly.

Instructions:

Please indicate any additional services you wish for your pet to receive while boarding:

- | | |
|--|--|
| <input type="checkbox"/> Spay/Neuter | <input type="checkbox"/> Bath/Dip (REQUIRES AFTERNOON/EVENING
PICKUP) Date to be done _____ |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Toe Nail Trim |
| <input type="checkbox"/> Anal Glands Expressed | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Ear Cleaning | |
| <input type="checkbox"/> Other: _____ | |

I understand that all vaccinations MUST be CURRENT to the standards of 287 Animal Hospital. My pet must be free of worms, fleas, ticks and contagious diseases (ringworm, colds, etc.) or my pet will be treated at my expense.

If your pet becomes ill while boarding we will make every attempt to notify the above listed contact person; however, because your pet's health is important to us, should we identify any problems, medical treatment will be administered as needed and charged accordingly.

We make every attempt to keep your pet clean; however in a kennel environment soiling of your pet may occur. If this occurs the pet will have to be bathed and you will be charged accordingly.

I authorize 287 Animal Hospital to obtain all previous medical records and vaccination history for my pet.

By signing below I am aware of the policies and procedures of 287 Animal Hospital while my pet is boarding in their facilities, and agree to any additional charges that may be incurred during my pets stay due to such policies.

Signature

Date