

BOARDING AGREEMENT

Owner: _____ Phone # for today _____

Admission Date: _____ Discharge Date: _____ Phone #(s) while out of town: _____

Emergency Contact (Your emergency contact is required to be someone local who is willing and able to pick up your pet(s) if necessary, such as in case of weather or facility emergency or other situation.) Name: _____ # _____

The Animal Hospital is authorized to release my pet to the person listed above as the emergency contact.

Pet's Name: _____	Pet's Name: _____	Pet's Name: _____	Pet's Name: _____
Bath: Yes <input type="checkbox"/> No <input type="checkbox"/> Groom <input type="checkbox"/> Grooming form needed. Discharge is after 4 pm for baths and grooms.	Bath: Yes <input type="checkbox"/> No <input type="checkbox"/> Groom <input type="checkbox"/> Grooming form needed. Discharge after 4 pm for baths and grooms.	Bath: Yes <input type="checkbox"/> No <input type="checkbox"/> Groom <input type="checkbox"/> Grooming form needed. Discharge after 4 pm for baths and grooms.	Bath: Yes <input type="checkbox"/> No <input type="checkbox"/> Groom <input type="checkbox"/> Grooming form needed. Discharge after 4 pm for baths and grooms.
Has your pet been fed today? Yes <input type="checkbox"/> no <input type="checkbox"/> Own Food <input type="checkbox"/> Kennel Food <input type="checkbox"/> Special Diet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what diet? _____ Frequency: AM and/or PM	Has your pet been fed today? Yes <input type="checkbox"/> no <input type="checkbox"/> Own Food <input type="checkbox"/> Kennel Food <input type="checkbox"/> Special Diet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what diet? _____ Frequency: AM and/or PM	Has your pet been fed today? Yes <input type="checkbox"/> no <input type="checkbox"/> Own Food <input type="checkbox"/> Kennel Food <input type="checkbox"/> Special Diet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what diet? _____ Frequency: AM and/or PM	Has your pet been fed today? Yes <input type="checkbox"/> no <input type="checkbox"/> Own Food <input type="checkbox"/> Kennel Food <input type="checkbox"/> Special Diet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what diet? _____ Frequency: AM and/or PM
Medications Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide list including name, dose, frequency and when last given on the back of this form.	Medications Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide list including name, dose, frequency and when last given on the back of this form.	Medications Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide list including name, dose, frequency and when last given on the back of this form.	Medications Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide list including name, dose, frequency and when last given on the back of this form.
Any known medical conditions? _____	Any known medical conditions? _____	Any known medical conditions? _____	Any known medical conditions? _____
Other services or treatment you request: _____	Other services or treatment you request: _____	Other services or treatment you request: _____	Other services or treatment you request: _____

Vaccinations: The following vaccines are required for boarding and will be administered upon admission if not current: for **Dogs:** Bord, DHPP, and Rabies and for **Cats:** Felv, FVRCP, and Rabies. _____ (Initial)

Flea and Tick Policy: Any animal admitted that has live fleas and/or ticks will be treated upon admission at owner's expense with an oral dose of Capstar or Comfortis for fleas and will be given a flea and tick bath. _____ (Initial)

Healthcare and Treatment: Occasionally medical problems may arise or be noticed during a pet's boarding stay. Diarrhea and refusal to eat are not uncommon in boarding pets. If your pet develops these or any other medical emergency, the doctor may recommend a physical exam to determine the cause. In order to make a complete diagnosis, additional diagnostics such as x-rays, bloodwork, urinalysis, fecal analysis or cytology may be required to help determine cause and treatment. The doctor will prescribe and administer medications as needed to treat your pet. I hereby consent to and authorize the performance of necessary tests and initiation of treatment for such condition(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. _____ (Initial)

If the call first box is checked, the numbers left on this form will be called. If we are unable to reach you, diagnosis and treatment will be started if the doctor determines immediate action is required. I hereby give permission for the doctor to:

- Perform necessary tests. Yes Call first
- Begin treatment. Yes Call first
- Sedate my pet, if necessary. Yes Call first
- Transport to emergency clinic or specialist if necessary Yes Call first

Discharge of patients: Payment in full is required upon discharge. I understand that pets are released only during regular business hours. If I do not pick up my pet within 10 days of the release date listed without further arrangements, the Animal Hospital at Oakleaf Plantation may assume the pet is abandoned. I accept full responsibility for payment of all fees and expenses incurred if I should abandon my pet, including reasonable legal fees if necessary. Even though every attempt will be made to return all items brought with the above pets, the hospital shall not be responsible for the loss or destruction of said items.

I hereby acknowledge that I am the owner/agent of the above described animal(s) and have the authority to execute this consent. I have read this release and fully understand the terms and conditions. I certify that I hereby consent and authorize the performance by Animal Hospital at Oakleaf Plantation of the above listed procedure(s) and/or treatment(s).

Owner or Authorized Agent Signature: _____ **Date Signed:** _____

OFFICE USE ONLY

FORM COMPLETED BY: _____

SIZE ENCLOSURE: (1) _____ (2) _____ (3) _____ (4) _____ **VACCINES OR TX:** (1) _____ (2) _____ (3) _____ (4) _____