

BOARDING AGREEMENT

DATE TODAY: _____ DATE OF PICKUP: _____ AM ____ PM

OWNER: _____ BATH _____ MEDICATION* _____

PETS BOARDING _____ Yes ____ No ____ Yes ____ No ____

_____ Yes ____ No ____ Yes ____ No ____

_____ Yes ____ No ____ Yes ____ No ____

_____ Yes ____ No ____ Yes ____ No ____

* **PETS ARE INDIVIDUALLY HOUSED UNLESS REQUESTED BY OWNER AND APPROVED BY THE VETERINARIAN.**

I request the following pets to be housed together: _____

* **THERE MAY BE AN ADDITIONAL DAILY CHARGE FOR ANIMALS REQUIRING THE ADMINISTRATION OF SEVERAL DIFFERENT MEDICATIONS ON A DAILY BASIS OR MEDICATIONS PRESCRIBED BY ANOTHER VETERINARY HOSPITAL.**

Persons to contact in case of an emergency: _____

Emergency Phone Numbers: _____

Pet's Belongings: *(Please make sure your pet's name is on all items left with them!)* _____

FOR YOUR PET'S HEALTH

OUR VACCINATION POLICY: TO INSURE THE PROTECTION OF ALL PETS UNDER OUR CARE, THE FOLLOWING VACCINATIONS MUST BE CURRENT ACCORDING TO OUR HOSPITAL POLICY, HAVING ONLY BEEN GIVEN BY A LICENSED VETERINARIAN. YOUR PET(S) MUST ALSO BE FREE OF INTERNAL PARASITES AND EXTERNAL PARASITES. IF WE FIND THAT YOUR PET HAS COME IN TO OUR BOARDING AREA WITH INTERNAL (INTESTINAL WORMS) OR EXTERNAL (FLEAS & TICKS) PARASITES, THE PET WILL BE TREATED AT THE OWNERS EXPENSE. ALL PETS NEEDING ANNUAL VACCINES WILL ALSO RECEIVE AN ANNUAL PHYSICAL EXAM AT THE OWNERS EXPENSE.

DOGS:

DHPP & Physical Exam (yearly after 4 months)
RABIES (yearly)
BORDETELLA (every 6 months)
INTESTINAL PARASITE EXAM (every 6 months)
HEARTWORM EXAM (yearly)
CANINE FLU (yearly after 2 series boosters)

CATS:

FVRCP & Physical Exam (yearly after 4 months)
FELINE LEUKEMIA (yearly after 2 series boosters)
RABIES (yearly)
INTESTINAL PARASITE EXAM (every 6 months)

Puppies and Kittens under 4 months of age should be current within 3 weeks of last exam and vaccinated by a licensed veterinarian.

I GIVE MY PERMISSION FOR ANIMAL MEDICAL CENTER/ CARTERSVILLE ANIMAL HOSPITAL/ WESTSIDE ANIMAL HOSPITAL TO UPDATE MY PET(S)' VACCINATIONS IN ACCORDANCE WITH THE ABOVE POLICY. I FULLY INTEND TO PICK UP MY PET ON THE ABOVE DATE SPECIFIED. IF CIRCUMSTANCES CHANGE, I WILL NOTIFY THE HOSPITAL WITHIN 24 HOURS OF THE ABOVE SPECIFIED DATE AND GIVE THEM A NEW ANTICIPATED PICK UP DATE.

(Client Signature)

(Date)

08/09