



9100 Knox Bridge Hwy, Canton, GA 30114 770-479-0111 www.amscanton.com

John Tarabula, D.V.M. Angela Duprel, D.V.M. Holly Marrinson, D.V.M. Stacey Triscik, D.V.M

Boarding Agreement

One of the advantages of boarding your pet(s) at our hospital is that veterinary care is readily available and can be administered should the need arise. Please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve a critical medical condition. Please know that emergencies will be treated regardless.

_____ I authorize up to \$50 _____ \$100 _____ \$200 _____ Other \$ _____
(No phone call is needed if medical expenses are within this limit)

_____ Do not give medical treatment until I have been contacted.

The following agreements must be initialed:

_____ I fully understand that if my pet is not current on the required vaccinations or I cannot provide verification of said vaccinations, I authorize Animal Medical & Surgical Center to provide these vaccinations for my pet(s) at my expense. *

_____ I fully understand that my pet(s) will be treated for flea infestations or intestinal parasites at my expense if deemed necessary during boarding. *

_____ I fully understand that my pet(s) will be given a clean-up bath at my expense if deemed necessary during boarding.

_____ I fully understand that if my pet(s) requires medication to be administered while boarding I will be charged a daily administration fee of \$3.00. Furthermore, I am aware that all medications must be brought in their original containers.

_____ I fully understand that Animal Medical & Surgical Center is not responsible for any items (blankets, toys, bedding, etc.) that may be damaged or left here.

_____ I fully intend to pick up my pet(s) on the date of dismissal per my reservation. If circumstances change I will notify the hospital prior to end of the business day.

_____ I fully understand that this agreement will be permanent and pertain to all future boarding stays for my pet(s). Furthermore, I am aware that I have the availability to update this agreement at any visit should I so choose.

Signature of Owner or Agent of Pet(s) _____ Date _____

**All pets entering the hospital for boarding must be current on vaccinations and be free of intestinal parasites (worms) and external parasites (fleas and ticks).*

DOGS: DHPP, Rabies, Bordetella (Kennel Cough), & Intestinal Parasite Screen (with a negative result within the last 6 months).

CATS: FVRCP, Rabies, & Intestinal Parasite Screen (with a negative result within the last 6 months).