

Animal Medical & Surgical Center Boarding Agreement

Pet Name _____ Owner Name _____ Chart # _____

Date of Check-In _____ Date of Check-Out _____

Emergency Contact _____ Phone _____

ALL PETS entering hospital for boarding must be current on vaccinations and be free of internal parasites (worms) and external parasites (fleas and ticks).

DOGS: Vaccines required – DHPP, Rabies, Bordetella (kennel cough)

CATS: Vaccines required – FVRCP, Rabies

I authorize the Animal Medical & Surgical Center to provide vaccinations for my pet if they are not current or verifiable, and to provide treatment for internal and external parasites if necessary at my expense.

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.

Medications to be given: Additional fee of \$3.00 per day _____

Food: Type: _____

Amount and Time: _____

Items brought for pet: _____

Bath? Yes _____ No _____ **Groom / Haircut?** Yes _____ No _____

If yes, on what date? _____ Phone number to call when finished _____

The doctors and staff at the Animal Medical & Surgical Center shall use all responsible precautions against illness, injury or escape of my pet. However, I understand and agree that the Animal Medical & Surgical Center will not be held responsible for problems, conditions or circumstances beyond their control. I have read this boarding agreement, and I agree to pay for services at time of check-out.

Signature of Owner or Agent of Pet(s)

Date

Checked in by