

.Animal Hospital of Whitfield County

BOARDING AGREEMENT

Client Name: _____ Pet Name: _____

Where can we reach you while you are away?

Telephone Number: _____ Cell Phone Number: _____
Emergency Contact Name/Number: _____
Pick-up date and time: _____

| | |
|---|--------------------------------|
| *****Staff Must Verify Prior to Admission***** (Staff member initials: _____) | |
| Vaccination & Exam Due Dates**MUST be current on all vaccines before boarding** | |
| DHPP _____ | Canine/Feline Bordetella _____ |
| Rabies _____ | FVRCP _____ |
| Last annual exam: _____ | |

Diet: _____ Canned / Dry Once/ Twice Daily

Medications: Please note that there will be a fee of \$3.00 per day to administer any medications.

| Medication name | Dose in A.M. | Dose in P.M. | Given today? |
|-----------------|--------------|--------------|--------------|
| _____ | _____ | _____ | Yes___ No___ |
| _____ | _____ | _____ | Yes___ No___ |
| _____ | _____ | _____ | Yes___ No___ |

Special Instructions: _____

While your pet is here, would you like any additional services?

- Flea treatment. Protection lasts one month. (ask staff for price)
- Nail Trim (\$22.50)
- Bath (\$30)
- Dental Cleaning (ask staff for price)
- Veterinary Examination (\$50)
- Vaccines (ask staff for quote for vaccines due)

Reasonable precautions will be taken against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved as well as all fees associated with the boarding. (We will attempt to contact you prior to any un-expected treatment). I understand that if fleas are found on my pet, a flea prevention product may be applied, at my expense, to protect the health of my pet and other pets at the clinic.

Signature of owner or responsible party: _____

Date: _____

