

**Creekside Veterinary Hospital**  
10320 S. Main St.  
Archdale, NC 27263  
Phone: (336) 434-2574 Fax: (336) 434-2670

**BOARDING AGREEMENT**

**Monday, Tuesday, Thursday & Friday pick up times are between 9:00 am – 5:00 pm and Wednesday & Saturday 8:30 am - 12:30 pm.**

TODAY'S DATE \_\_\_\_\_ DATE OF PICK-UP \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

PET'S NAME	BREED	AGE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**ALL PETS MUST BE CURRENT ON VACCINATIONS AND FLEA/TICK PREVENTION**

If Vaccines/flea prevention were done elsewhere, **PRINTED** verification is required to board your pet or provide us with information to confirm. If records are not provided, we will update health records at the owner's expense.

Pet Brought:

Medication: \_\_\_\_\_  
Medication Instructions: \_\_\_\_\_  
Food: \_\_\_\_\_  
Feeding Instructions: \_\_\_\_\_  
Personal Items: \_\_\_\_\_  
\_\_\_\_\_

\*Although we provide a clean, comfortable environment, please be aware that it is different from your home. Temperature and humidity changes, barking, excitement, etc...can cause such problems as sore throat, tonsillitis, diarrhea or urinary tract infections. We seek to prevent such problems but in the event that there is an occurrence, you will be charged appropriate fees for all treatment and medications needed for reasons that are not directly under our control.

**MEDICAL ILLNESS POLICY**

If your pet(s) become ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and an estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition.

I, hereby authorize Dr. Tanner D. V. M., and/or staff she employs, to administer treatment as she/they consider therapeutically and/or diagnostically necessary on my pet(s). I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify Creekside Veterinary Hospital of a new pick-up date. I, hereby release Dr. Tanner D.V.M and her staff from all claims, legal or equitable, arising out of the treatment rendered by her, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Responsible Agent Signature