

## Boarding Agreement Form

Owner Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Pet(s): \_\_\_\_\_ Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

### Treatment Consent

For your pet's protection, all boarders are required to be *current on vaccinations* and *free of external parasites*. To ensure that our hospital remains a flea free environment, we strongly recommend administration of Capstar to all boarders upon entering the kennel, and re-dosing pets at discharge who have stayed with us longer than three days.

Vaccination(s): \_\_\_\_\_

Treatment(s): \_\_\_\_\_

Flea Prevention:  I accept the doctor's recommended flea control.

### Bathing

We will be happy to bathe your pet on the day he/she goes home for an additional charge. Please indicate if you would like this service performed.

Yes, please!  No, thank you.

### Medication

We will administer any required medication(s) to your pet(s) for an additional fee. Please list below all medications brought for your pet(s).

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Personal Items:** \_\_\_\_\_

### Emergency Treatment

Should a medical problem arise during your pet's stay, we will make every effort to contact you or your emergency contact about your pet's health status. Should the medical condition be deemed life-threatening, of a contagious nature, or of a nature that will dramatically worsen without treatment, supportive care will be performed and the fees will be added to your bill.

*If your pet is not picked up by 1 pm the day that he/she is scheduled to go home, then another half-day of boarding will be charged.*

*I understand that the Coit North Veterinary Hospital staff cannot release pets after hours when the hospital is closed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date