

BOARDING AGREEMENT

Canyon Small Animal Hospital
3923 So. 10th Avenue
Caldwell, ID 83605
208-455-7757

Today's Date _____ Date of Pick-Up _____ AM PM

Owner _____

Pet(s) Boarding _____

Special Instructions –
(Include any current medications & directions, and anything you wish the doctor to examine your pet for while here.)

Emergency Contact _____ Phone # _____

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

Dogs: DHLPPC/Bordatella/Rabies Cats: FVRCP/FeLV/Rabies

VACCINES TO BE GIVEN: _____

If not up-to-date, or unable to provide proof of vaccination, your pet is required to be vaccinated upon admittance to our boarding facility. In addition, if vaccines are given **less than 2 weeks** prior to boarding your pet(s), it is still possible that your pet(s) may not be completely protected against illness and disease.

By signing this boarding agreement, the owner/agent releases Canyon Small Animal Hospital of liability and agrees to pay any charges incurred by your pet(s) for this reason.

In addition, if any external parasites including fleas, ticks, and/or ear mites are found to be on your pet(s) while boarding, they will be treated at the owner's expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number listed above regarding your pet's symptoms, treatment options, and estimated costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

Please check one:

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only NON-ELECTIVE treatments and NECESSARY diagnostics.
- I authorize up to \$ _____ in medical care for my pet(s) until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

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 the hospital staff of a new pick-up date.

Signature of Owner/Agent for Pet(s)

Date