

South Fork Animal Hospital - Boarding Agreement

Please print this form, fill it out, and bring it to the hospital when boarding your pet(s).

Date Today: _____ Date of Pick-up: _____ Time: _____ AM PM

Pets Boarding: _____	<u>Bath</u>		<u>Medication*</u>	
	Yes	No	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency: _____

Emergency phone number(s): _____

Pet's belongings (carrier, toys, etc.): _____

Special Instructions (Include detailed medication directions and anything you wish the doctor to check for):

For Your Pet's Health

OUR VACCINATION POLICY: To insure the protection of all pets under our care, the following vaccinations must be up to date:

DOGS: DA₂ PL + CPV +CV (Distemper Parvo)
Bordatella (Kennel Cough)
Rabies

CATS: FVRCP (Distemper)
Rabies
Lukemia

I give permission for the veterinary clinic to update my pet(s) vaccinations in accordance with the above policy. Pets must be free from internal and external parasites. If found they will be treated at owners expense.

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

- 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 any necessary diagnostics.
- I authorize up to (check one): \$100 \$250 Other: \$ _____ in medical care for my pet until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

Check-in after 2:00 pm on the day of arrival. Check-out before noon on the day of departure. There will be an additional charge for pets picked up after the check-out time.

I fully intend to pick up my pet on or around the above date specified. If circumstances change, I will notify the veterinary clinic of a new pick up date.

Owner or Agent for Pet(s): _____ Date: _____