

**** All About Pets ****

2061 SE California Ave. Topeka, KS 66607
Highland Park Animal Clinic P.A.

785-232-2205

Date _____

Boarding Agreement

"Because We Care"

PET: _____ OWNER: _____

AGE: _____ COLOR: _____

BREED: _____

WEIGHT: _____ Lbs SEX: M/F/N PHONE: H: _____ W: _____

Vaccinations

Cage (\$15.25/night) _____ Run (20.32/ night) _____

Cat Room (15.25/night) _____ Exotics Room (14.52/night) _____

My pet(s) will be boarding at **All About Pets** from _____ to _____. Approx Pickup Time: _____

Pets belongings (carrier,leash,food etc): _____

Special Instructions- include detailed medication directions and anything you wish the doctor to check for: _____

Food: Amount of food in cups _____ How many times a day to be fed _____

In case of an emergency please contact _____

Flea Prevention used: _____ Last Applied: _____

All animals admitted must be current on vaccinations and must be free of external parasites. Any animals found to have fleas or ticks will be treated at the Owner's expense. We require that all cats be vaccinated for Rabies and FVRCP and dogs vaccinated for Rabies, DHLPP+CV, and Bordetella (within the last 6 months) Any vaccinations needed upon arrival will be given and the

Owner is responsible for charges.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional 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 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 (check one and indicate amount) [] \$ _____ [] \$100 [] \$200 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 clinic of a new pick-up-date.

Signature of Owner/Agent

Date

***** Sunday and Holiday pick-ups possible when coordinated with the kennel staff and pre-paid. After hours and holiday staff do not handle money. WEEKEND AFTER HOURS PICKUP TIMES: SAT: 5 pm; SUN: 9:00 AM and 5:00 PM. Pets left after noon will be walked and fed, and a daycare fee of \$8.00 will be applied.**