

Pet Boarding Agreement & Information Form

Owner Information

How can we reach you while your pet is boarding? Circle one: **Call** **Text** (please provide number below)

Owner Name: _____ Phone Number: _____

Pet Information

Pet Name: _____ Drop-Off Date: _____ Pick-Up Date: _____

Emergency Contact

Emergency Contact Name: _____ Phone Number: _____

I do not have an emergency contact available.

(If checked, you acknowledge the clinic will act in your pet's best interest if you cannot be reached.)

Medical Information

Does your pet currently need to see a doctor? Yes No

If yes, please explain:

Is your pet on any medications? Yes No

If yes, list ALL medications and dosing instructions:

Emergency Medical Authorization (REQUIRED)

In the event of illness, injury, or medical emergency while my pet is boarding:

I authorize the veterinary staff to provide any necessary medical treatment.

I understand that reasonable attempts will be made to contact me, but treatment may proceed without my prior approval if I cannot be reached.

I accept financial responsibility for any medical care provided.

I understand that failure to provide an emergency contact does not delay treatment.

Owner Initials: _____

Belongings Brought

(Food, leash, toys, bedding, etc.)

Flea/Tick Policy

If fleas are found on your pet, they will be treated with Capstar at a cost of \$9.36.

Owner Initials: _____

Grooming Services

Bath: Yes No

Trim: Yes No

Notes _____

Nail Trim: Yes No

Owner Signature

I certify that the above information is accurate and agree to the terms listed above.

Signature: _____

Date _____

Office Use Only

Weight: _____

Vaccines:

DOGS:

RVC: _____ DHLPP: _____ Bordetella: _____ Flu: _____

HW Test: _____ (optional)

CATS:

RVF: _____ FVRCP: _____

FELV: _____ (optional)

Drop-Off Date/Time: _____ **Check-In Initials:** _____