



BOARDING AGREEMENT

Owner's Name _____ Pet's Name _____
Check in Date: _____ Check out Date: _____ Approximate Time _____

The boarding rate for this pet is _____ per day.
Please note that animals can be admitted and discharged only during normal business hours.
If you are not able to pick your pet up at the indicated time and date you must contact 4 Paws Veterinary Hospital as soon as possible.

Emergency contact information: Required information
Name: _____ Phone: _____

Feeding Instructions:
Does your pet require special or prescription food? Yes ___ No ___ Which one? _____
Did you bring food for your pet? Yes ___ No ___ Please list: _____
How much and how often do you usually feed your pet at home: _____
Do you wish to leave anything with your pet while it is boarding? Collar ___ Leash ___ Bed or
Blanket ___ Harness ___ Bowls ___ Treats ___ Toys ___ Crate ___ Other: _____
Will your pet be taking medication while here? ___ Yes ___ No...If yes please list medication on dosage below:
Medication _____ Dose _____ Medication _____ Dose _____
Medication _____ Dose _____ Medication _____ Dose _____

Boarding Policy: Please Read Carefully
All pets accepted for boarding at 4 Paws Veterinary Hospital must have received vaccinations in the past 12 months.
For dogs this is Distemper/Parvo, Bordetella and Rabies. For cats this is Fvrpc (Respiratory Virus Vaccine), Rabies, and
Feline Leukemia Vaccine for outdoor cats. If proof of vaccination is not offered prior to or at time of boarding the
veterinarian will vaccinate your pet and you will be charged for these services. All pets must be free from internal and
external parasites, such as fleas, ticks, lice and tapeworms. If any parasites are noted on your pet, the animal will be
treated immediately at the owner's expense. In the event that your pet becomes ill the staff at 4 Paws Veterinary
Hospital will make every attempt to contact you at the emergency phone numbers provided. Necessary care will be
administered until someone is able to reach you.

4 Paws Veterinary Hospital offers several services we can provide during you pet's stay.
Dogs: Dh1pp Vaccine (distemper/parvo) _____ Bordetella Vaccine _____ Rabies Vaccine _____
Heart worm Test _____ Express Anal Glands _____
Cats: FVRCP Vaccine (upper respiratory virus) _____ Feline Leukemia Vaccine _____ Rabies Vaccine _____
Felv/FIVTest _____
Dogs and Cats: Fecal _____ Nail Trim _____ Bath _____ Clean ears _____

I am the owner/authorized agent of the above described animal and I am 18 years of age or older. I authorize the
above indicated procedures and services to be performed on my pet. I agree to pay in full for all services and
procedures requested and required at pick up time. I have read and understand the above agreement.

Owner's Signature: _____ Date: _____
Staff Signature _____