

Northeast Animal Clinic
Boarding Agreement

Owner Name: _____ Drop off: ___/___/___ Pick Up: ___/___/___
Where we'll be: _____ Phone # there: _____
Emergency Contact: _____ Phone # _____
Pet(s) Boarding: _____
Did you bring your own food? Y N Name of food: _____
Do you feed your pet in: AM() PM() Both() Amount per feeding _____
Did you bring any items (blanket, toys, chews, etc)? _____
Is your pet on medication? Y N if so instructions: _____
Medications _____
Any Medical conditions we should be aware of: _____

Vaccinations & Testing Requirements

To insure the protection of all pet(s) under our care, the following requirements must be up to date:
I give permission for the Veterinary Clinic to update my pet(s) vaccinations in accordance with the policy below.

Dogs

Rabies
DHP-P (Distemper/Parvo)
Bordatella (Kennel Cough) done every 6mths

Cats

Rabies
FVRCP (Feline Distemper)
FIV/FelV combo test

~~All pets that have fleas on arrival will be administered Capstar at owners expense.~~

Medical Illness Policy:

One of the advantages of boarding your pet at a veterinary hospital is that the veterinary attention is readily available should the need arise. If your pet becomes ill we will call the emergency number listed above regarding your pet(s) symptoms treatment option and estimate of additional cost. If no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or 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.

() I authorize 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. (In a life threatening emergency, stabilization procedures will be administered.)

I fully intend to pick up my pet on the specified date above, if circumstances change, I will make new arrangements by contacting the veterinary clinic with new pick up date.

Signature of Owner: _____ Date: ___/___/___