

Boarding Agreement

Pets Name _____ Owners Name _____

Emergency Phone Number _____

Emergency Phone Number _____

Email Address _____

Date of Arrival _____ Date of Departure _____

****Discharges made after hours are to be made at the animal caretakers' convenience. They will contact you using an agreed upon phone number the day of, in order to set up a pick up time.***

Who will be picking up your pet? _____

Secondary Emergency Contact Information:

Name _____ Phone Number _____

Your Pet will be in our company until: _____.

Current List of medications: (Example: Vet Profen 25 mg 1 tablet every 12 hours)

| Medication | Strength | Amount | How often? |
|------------|----------|--------|------------|
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Is your pet up to date on vaccinations? (Pets are required to be up to date on all vaccinations. Proof is required). Yes _____ No, please vaccinate my pet _____

Dogs: Rabies, DHLPP-CV, Bordetella

Cats: Rabies, FVRCP

I brought my pet's own food. Yes _____ No _____

My pet eats: AM only _____ PM only _____ AM and PM _____ Free Feed _____

How much does your pet get fed at each meal? _____

Are you leaving any items with your pet? (Collar, Leash, Blanket, etc.) Yes _____ No _____

Please list items you will be leaving.

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***Although we do our best to make sure that your pet leaves with everything he/she came with, we are not responsible for any items that are lost or damaged.**

Are there any special care instructions that we need to be aware of?

By signing this form, I understand all vaccinations are required to be up to date, if vaccinations are overdue, such vaccines will be given during their stay and charged to the client unless otherwise instructed by a veterinarian. In the event fleas or ticks are found by a staff member, a flea and tick preventative will be applied/administered and charged to the client.

Reasonable precautions will be used against injury, escape, or death of this pet. Cherokee Hills Veterinary Hospital and Staff will not be held responsible for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed necessary by the staff veterinarian and I assume full responsibility for the treatment and expenses involved.

I understand that Cherokee Hills Veterinary Hospital is **NOT** an emergency clinic, and is not open 24/7. In the case of an emergency I authorize the staff veterinarian and staffs to transfer my pet to an emergency hospital that will be able to give my pet around the clock care.

Every attempt will be made to contact you and/or your emergency contact in the event that such a situation occurs.

Please be aware during boarding, some of our patients are overly excited and become sick or altercations can occur between family members boarding together, some may even destroy blankets, toys, leashes, harnesses, and other items that may have been provided. If a special diet has been provided but do not have enough for the length of your pets' stay, we will be using our kennel diet of Royal Canin.

Owners Signature _____ Date _____