

PAWS & CLAWS ANIMAL HOSPITAL

Boarding Agreement

Owner's Name: _____

Pet's Name: _____

Current on vaccinations? ___ yes ___ no ___ don't know

Has your animal received vaccines at another animal hospital, if so where?

Attention: All boarding animals must have current vaccinations including DHLPP, Rabies, and Bordatella (canine) FVRCP, Rabies (feline). *unless noted otherwise by the Doctor* If there is no proof of such said vaccines the animal will receive them at the owner's expense. This is to protect all of our patients.

Attention: Upon entering the boarding facility your animal will be checked for external parasite (fleas, ticks, tapeworms). **If any of these parasites are found, the animal will be treated at the owner's expense.**

Does he/she play well with others? **For dogs only.** ___ yes ___ no ___ don't know

Diet: _____

Medications Required? _____

Has he/she had any health problems recently? If so, how long?

Special Instructions?

Phone number where you can be reached? _____

Emergency Contact: _____

Pick-Up Date / Time: _____

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic will not be held liable for problems that develop provided reasonable care and precautions are followed.

**In the event that my animal develops a health problem while I am away, I would like
(Please check ONE):**

___ to be informed of any problem before treatment is given.

___ for any treatment that the doctor feels necessary to be done. (at owner's expense)

Signature: _____ Date: _____