

Boarding Agreement

Animal Clinic of Bellshire

Drop off date: _____

Pick up date: _____

Pet(s) Boarding:

_____ **Bath:** YES NO **Meds:** YES NO

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(Pets having a bath will be ready after 2 for pick up. Baths are charged by weight **\$20-\$55**)

Owner: _____

Phone: _____

Email: _____

Alternate Contact: _____

Alternate Phone: _____

Feeding Instructions: _____

Feed only the food I've provided

Feed clinic food

Vaccination Policy:

To ensure the safety of all pets under our care we require the following:

Dogs: Rabies, DHPP, Bordetella, Yearly exam

Cats: Rabies, FVRCP, Yearly exam

Parasite Policy: If any fleas, ticks, or intestinal parasites are observed while boarding, the pet will be treated at the owner's expense.

***I understand the parasite policy* _____ (initial)

Medical Illness Policy: We will always try to contact you should your pet become sick/injured.

In the event that your pet exhibits life-threatening/severe symptoms and you cannot be reached the veterinarian will begin treatment.

***I understand the medical illness policy* _____ (initial)

I have read and understand this agreement. I intend to pick my pet(s) up on the specified date and should circumstances change I will notify the office of the new pick up date. I understand all charges are due at the time of pick up.

Date: _____ Owner Signature: _____