

# VETERINARY CLINIC BOARDING AGREEMENT

Date Today: \_\_\_\_\_ Date of Pick Up: \_\_\_\_\_ AM PM

Owner: \_\_\_\_\_ BATH MEDICATION  
Yes No Yes No

Pets Boarding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*If pet is infested with fleas or ticks, a treatment will be given at the owner's expense\*\*\***

Person(s) & Phone # to contact IN CASE OF EMERGENCY: \_\_\_\_\_

Special instructions (include detailed medication directions and anything you wish the doctor to check for): \_\_\_\_\_

\*\*\*\*\*

## FOR YOUR PET'S HEALTH

**Our Vaccination Policy:** To insure the protection of all pets under our care, the following vaccinations must have been given within the past 12 months:

DOGS: DA2PPV-CV (Distemper)  
Bordetella (Kennel Cough)  
Rabies

CATS: FVRCP (Distemper)  
Rabies

I give my permission for Town and Country Animal Clinic to update my pet(s') vaccinations in accordance with the above policy.

**Medical Illness Policy:** One of the advantages of boarding your pet at a veterinary clinic is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate the additional costs. **If no one can be reached**, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition. **Please check one of the following:**

I authorize up to (please specify an amount \$\_\_\_\_\_) in medical care for my pet until someone can be reached.

\_\_\_\_\_ DO NOT administer any medical treatment until specific authorization is given.

**\*\*\*I fully intend to pick up my pet on or around the above date specified. If circumstances change, I will notify the Veterinary Clinic of a new pick up date. (Note: Pets scheduled to be picked up on Saturday must be picked up before 12:30pm. Our office is closed on Sunday.)\*\*\***

\_\_\_\_\_  
Owner or Agent for Pet(s)

\_\_\_\_\_  
Date