

COUNTRYSIDE VETERINARY CLINIC BOARDING AGREEMENT

Boarding Dates: _____

Owner's Name _____ Emergency Number(s) _____

Person and Phone Number to Contact If Owner Unavailable: _____

Pet's Name: _____ Medical Problems/Special Concerns _____

Medication: _____ Amount Given _____ Time of Day Given _____ Last Given _____

Medication _____ Amount Given _____ Time of Day Given _____ Last Given _____

Medication _____ Amount Given _____ Time of Day Given _____ Last Given _____

Pet's Belongings _____

Feeding Instructions: Type of Food _____ Amount Fed _____ How Often _____ Last Fed _____

Pet's Name: _____ Medical Problems/Special Concerns _____

Medication: _____ Amount Given _____ Time of Day Given _____ Last Given _____

Medication _____ Amount Given _____ Time of Day Given _____ Last Given _____

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Pet's Belongings _____

Feeding Instructions: Type of Food _____ Amount Fed _____ How Often _____ Last Fed _____

Pet's Name: _____ Medical Problems/Special Concerns _____

Medication: _____ Amount Given _____ Time of Day Given _____ Last Given _____

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Medication _____ Amount Given _____ Time of Day Given _____ Last Given _____

Pet's Belongings _____

Feeding Instructions: Type of Food _____ Amount Fed _____ How Often _____ Last Fed _____

FOR YOUR PET'S HEALTH

Vaccination Policy: To insure the protection of all pets under our care, the following must be up-to-date:

Dogs: Rabies, DHPP/CV, **Bordetella****

Cats: Rabies, FVRCP

If any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive treatment at the owner's expense.

****Bordetella should be current two weeks prior to boarding. If not current and done shortly before or on the day of boarding your pet may still contract "Kennel Cough" and need to be treated with antibiotics at your expense.**

Medical Illness Policy:

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill or in need of emergency medical treatment, we will attempt to reach you at the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. The owner or agent of the pet shall be responsible for all medical expenses incurred in addition to boarding costs. No boarding animal shall be released until all charges are paid in full.

Boarding Costs:

Dogs: \$ _____ per calendar day. Cats: \$ _____ per calendar day.

We require a credit card number to reserve a spot to board your pet. Boarding must be pre-paid at time of drop-off with cash or credit card. If you need to cancel a boarding appointment, we require 48 hours notice. If your reservation is canceled after the 48 hour deadline, your credit card will be charged for 1 day of boarding. If you fail to show up for your reservation, your credit card will be charged for 2 days of boarding.

Total Boarding Costs for this visit: \$ _____

Additional Charges (Vaccinations, etc.): \$ _____

After carefully reading the above, please sign below:

Signature of Owner or Owner's Agent

Date