

Avondale Veterinary Hospital

Boarding Agreement

Owner: _____

Date Today: _____

Pick up Date : _____

Pets Boarding : _____ _____ _____	Bath		Medications	
	Yes	No	Yes	No
	_____	_____	_____	_____
	_____	_____	_____	_____

Person (s) to contact in case of emergency : _____

Emergency Phone Number (s) : _____

Special Instructions (include detailed medications directions, feeding schedules or anything you wish the doctor to check) :

For Your Pet's Health

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

Dogs: DHLPP (Distemper)
 Bordetella (Kennel Cough)
 Rabies

Cats: FVRCP (Distemper)
 Rabies

I give my permission for the veterinary clinic to update my pet(s) vaccinations in accordance with the above policy _____.

Medical Illness Policy

One of the advantages of boarding your pets at a veterinary hospital 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 pets symptoms, treatment, options, and an estimate of 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 perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (check one) ___ \$100 ___ \$200 ___ other \$ _____
 in medical care until someone can be reached.

_____ Do not administer medical treatment until specific authorization is given.

I fully intend to pick up my pet (s) on the above date specified. If there is any change, I will notify the veterinary clinic of a new pick up date.

 Owner or Agent

 Date