

Henderson County Veterinary Hospital

Boarding Agreement

Client:	Phone #:
Agent:	Phone #:
Pet:	
Check-in Date:	Check-out Date:

Please ensure that designated agent is aware that you have given us his/her name, and is willing and able to make decisions regarding the care and well-being of your pet.

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, becomes the property of Henderson County Veterinary Hospital and handled according to our best judgment.

Initial: _____ ALL PETS ADMITTED MUST BE CURRENT ON THEIR CORE VACCINES. FOR DOGS, CORE VACCINES ARE: DISTEMPER, PARVO, AND RABIES. FOR CATS, CORE VACCINES ARE: FVRCP, RABIES

If your pet is past due, your pet will be examined and give the necessary vaccinations or test upon admission, and current charges will apply.

ALL PETS ADMITTED WILL BE GIVEN A 24 HOUR CAPSTAR TABLET FOR THE TREATMENT OF EXTERNAL PARASITES AT OWNER'S EXPENSE.

If your pet has special dietary needs or preferences you must provide the food or it may be provided at current charges.

You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates.

Please list any/all medications below, their dosages and instructions.

Flea/Heartworm Prevention and Last date given: _____

Medication	Dosage Amount	Dosage Instructions	Date/Time last given

Special Instructions (please initial each line that applies)

Unless otherwise instructed your pet will receive Iams Professional food. If your pet has other dietary needs, please provide the food or allow us to provide it at current charges.

_____ I have special dietary instructions for my pet. Please specify: _____

_____ I am leaving personal belongings with my pet. Please list: _____

_____ I want my pet to receive Veterinary Services. Please list: _____

Boarding Type

◇ One of the advantages to boarding at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet should become ill, we will call the emergency numbers provided regarding your pet's symptoms, treatment options and estimate of cost. If no one can be reached, please indicate your wishes below, should your pet require treatment.

Name:
Contact #:

