

OATES VETERINARY CLINIC INC BOARDING AGREEMENT

Date Today: _____ Date of Pick Up _____ Time of Pick Up 8 – 12 12 – 4 4 – 7

Owner: _____ Acc# _____

Pets Boarding:	Medication	Pets Boarding	Medication
_____	yes ___ no ___	_____	yes ___ no ___
_____	yes ___ no ___	_____	yes ___ no ___

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

Emergency Phone number(s): _____

Pet's Belongings: _____

Special Instructions (include detailed medication directions and anything you wish the doctor to check for): _____

FOR YOUR PET'S HEALTH

OUR VACCINATION POLICY: To ensure the protection of all pets under our care, the vaccinations must be given once a year and be up to date for your pet to stay with us. If they have not been given at our office or proof of vaccination has not been received, we reserve the right to decline boarding if not current, and the right to call your veterinarian for confirmation of the following vaccinations:

DOGS

DALPCPV – DISTEMPER, ADENOVIRUS (HEPITIS),
 LEPTOSPIRA, & CANINE PARVO VIRUS
 BORDETELLA (CANINE BRONCHITIS)
 RABIES
 CIV (canine influenza vaccine)

CATS

FVRCP – FELINE RHINOTRACHEITIS,
 CALICIVIRUS, PANLEUKOPENIA, &
 CHLAMYDIA
 RABIES

FLEA POLICY:

_____ I understand that all pets coming in to board will be checked for fleas and that if fleas are found on my pet(s) it (they) will be treated for fleas at my expense.

If your pet is currently receiving a flea prevention product please list the name of the product and the last date given: _____

MEDICAL ILLNESS POLICY:

One of the advantages of boarding your pet(s) at a veterinary clinic is that veterinary care is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and **estimated** 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 any necessary diagnostics.

_____ I authorize up to (check one) _____ \$100.00 _____ \$200.00 or _\$_____ (other) 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 the above date specified. If circumstances change, I will notify the veterinary clinic of a new pick up date. I agree to pay this bill when my pet(s) is(are) picked up.

IF WE HAVE NOT HAD ANY CONTACT FROM YOU FOR 5 DAYS AFTER THE SCHEDULED PICK UP DATE WE WILL CONSIDER THE PET(S) ABANDONED AND TAKE THE NECESSARY STEPS TO SATISFY THE SITUATION. ADDITIONAL CHARGES WILL BE ADDED FOR THE TOTAL TIME THAT THE PET(S) ARE IN OUR CARE. . YOU WILL BE RESPONSIBLE FOR THE TOTAL BILL.

_____ Date _____

Owner or agent for the pet(s)