

Perky Paws Pet Hospital
Boarding Agreement

Client Name: _____
Patient Name: _____

We require proof of annual physical examination, intestinal parasite exam, current vaccinations, and flea prevention from a Licensed Veterinarian. All animals will be checked for fleas and ticks upon arrival and treated if necessary. This is not only for your protection but also for the protection of the other animals boarding in our facility. The required vaccines are the following:

DOGS: DISTEMPER/PARVO CATS: FELINE DISTEMPER
BORDETELLA FELINE LEUKEMIA
RABIES RABIES

Special feeding instructions: _____

(Unless a specific diet requested or brought from home, pets will be fed Science Diet Sensitive Stomach)

We will happy to give any required medications that you provide while <animal> is staying with us. The cost of this is \$6.00 per day, per pet.

Medications to be administered/frequency: _____

The only thing better than hugging your pet after several days away is hugging your CLEAN pet after several days away. **In order for us to properly care for your pet, all pets must have a physical examination with Dr. Farmer within the past year prior to treatment. Please initial any procedures you would like your pet to receive while boarding:**

Exam _____ Vaccinate _____ Fecal Exam _____ Heartworm Test _____
Bath _____ Nail Trim _____ Express Anal Glands _____ Other _____

We do allow toys, blankets, and beds to be brought from home and we will make every effort to return them upon your pet's departure but occasionally misplacement of small items does occur. Please list the items you are leaving with your pet(s) on the back of the sheet.

Scheduled pick-up date: _____ **Time:** _____

Emergency number where you may be reached: _____

Another contact this authorized to make decisions about your pet's care if you cannot be reached: _____ **Phone** _____

In the event of illness or a life-threatening emergency, Perky Paws Pet Hospital has my permission to provide medical and surgical care for my pet if I cannot be contacted. I understand that if I cannot be contacted, Perky Paws Pet Hospital will treat your pet as deemed appropriate by the doctor in charge should an illness or previous medical condition arise. I accept responsibility for charges incurred during this treatment. I, also, understand that boarders are not released for any reason on Sundays, holidays, or after hours. This is for the perfection of your pet(s).

I have read and agree to all terms and conditions of the Perky Paws Pet Hospital Boarding Agreement.

Signature _____ **Date** _____