

BOARDING AGREEMENT

DateOwner
Pet(s) Boarding
Emergency ContactPhone Number
VACCINATION POLICY
To ensure the protection of all pets under our care, the following must be up-to-date:
DOGS:RabiesDistemperParvoBordetellaFecal (stool sample)
CATS:RabiesDistemper (FVRCP)Feline Leukemia (FELV)Fecal (stool sample)
If my pet's vaccinations are not up-to-date, or I am unable to provide proof of vaccination, I give my permission to update the vaccinations in accordance with the above policy. In addition, if any fleas or ticks are observed on my p while boarding, I understand my pet will receive a flea or tick treatment at my expense.
MEDICAL ILLNESS POLICY
One of the advantages of boarding your pet at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, pleas 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 <u>until</u> someone cabe reached. This includes only non-elective treatments and necessary diagnostics.
I authorize up to (check one and indicate amount) () $\$ () \$100 () \$200 in medical care for pet(s) until someone can be reached.
Do not administer any medical treatment until specific authorization is given.
PLEASE NOTE THAT DUE TO STRESS, & DIET, SOME PATIENTS MAY EXPERIENCE <u>DIARRHEA</u> . IF THIS OCCURS PATIENTS WILL BE TREATED AND/OR BATHED AT THE OWNER'S EXPENSE.
I have read the above and understand that this agreement will remain in effect whenever my pet is boarding with South Tyler Animal Clinic. I understand that any changes to this agreement must be submitted to South Tyler Anim Clinic in writing.
a.
Owner/Agent for Pet(s)
Date