



Boarding Agreement: Dogs

Arrival Date:

Departure Date:

Preferred method of
contact:

Client name:

Pet name:

Contact info
(Phone #, Email):

FEEDING INSTRUCTIONS:

Type: Complimentary Sensitive Stomach food Will bring own food, brand:

Amount: Frequency:

MEDICATIONS: \$3 each day for oral medication, \$6 each day for insulin injections

Medication name:	Dose/frequency	When to begin:

PLEASE READ

(1) All pets must meet hospital's vaccination requirements (Rabies, DHPP, Bordetella) and have a negative intestinal parasite test within six months of boarding date, as parasites can be spread through stool. Any pet with fleas or ticks will be treated at client's expense to prevent spread/infestation to other pets or employees.

(2) Is your pet in need of medical services while boarding? No, just boarding Yes:

(3) If any minor abnormalities (e.g. suspected ear infection, loose stools, etc.) are noted upon boarding entrance examination or during your pet's stay, do we have permission to begin treatment?

Permission for treatment

Call me before instituting any
treatment*

Call me if the estimated treatment
plan is over this amount:

*In the event of a minor or major emergency, or if immediate treatment is deemed necessary by a veterinarian, WHVC will attempt to contact client. If client cannot be reached, pet will be treated at client's expense.

(4) Dogs are bathed at client's expense prior to release from boarding unless otherwise specified by client. Dogs receiving baths are available for pick-up after 12pm on weekdays or between 10-11:45am on Saturdays.

Please do not bathe my dog

Please trim my dog's nails (\$17)

(5) Please indicate any other person(s) with permission to pick your pet up from boarding or make decisions on your pet's or your behalf:

(6) Any additional notes or information (allergies, picky eater, anxious, etc.):

ELECTRONIC SIGNATURE

Office use:

Stool sample verified

Vaccinations current or services scheduled to be
completed while boarding

Form reviewed by: