



Boarding Agreement

Owner: <last-name>, <first-name> <spouse> Pet: <animal> Chart: <number>

One of the advantages of your pet staying at Creekside Animal Hospital is that veterinary care can be administered should the need arise.

Please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve a critical medical condition. Please know that emergencies are treated regardless.

_____ I authorize up to \$50 _____ \$100 _____ \$200 _____ Other \$ _____
(No phone call is needed to begin treatment if expenses are within this limit)

_____ Do not give medical treatment until I have been contacted.

Please initial as you read and agree to the following:

_____ If my pet is not current on required vaccinations* or I cannot provide verification of vaccine history, Creekside Animal Hospital may vaccinate my pet at my expense.

_____ If my pet has fleas, ticks or intestinal parasites upon check-in treatment will be given as necessary at my expense.

_____ If medication is to be administered while lodging the daily fee is \$3.50. All medications must be brought in their original labeled containers.

_____ If my plans change affecting my pick-up date, I will contact the hospital to extend my reservation.

_____ This agreement will remain in my file and pertain to all future lodging stays. I may update this agreement as needed for future lodging.

Signature of Owner or Agent of Pet(s) _____ Date _____

**All pets entering the hospital for boarding must be current on vaccinations and be free of intestinal parasites (worms) and external parasites (fleas and ticks).*

DOGS: DHPP, Rabies, Bordetella (Kennel Cough), & Intestinal Parasite Screen (with a negative result within the last 6 months).

CATS: FVRCP, Rabies, Intestinal Parasite Screen (with a negative result within the last 6 months)