Please fill out one form for each pet that will be staying with us. If your pet will also be having an exam, please also fill out a drop off form with details of the nature of the visit.

BOARDING AGREEMENT		
Client Name:	Patient:	
Address:	Species:	
	Breed: Sex:	
Phone Number:	Color:	
DATE & TIME OF PICK UP		
	HAN OWNER, NAME	
	PHONE	
ARE YOUR PETS CURRENT ON VACC		
F NO, WOULD YOU LIKE YOUR PET'S	VACCINATIONS UPDATED?	
WOULD YOU LIKE YOUR PET BATHEI Pets are bathed the morning of pickup. I pick up after 12:00pm. (This is an additic	f your pet is having a bath, please	
NOULD YOU LIKE YOUR PET TO HAV This is an additional cost)	TE ITS NAILS TRIMMED?	
SPECIAL DIETS, MEDICATIONS, OR O	ARE INSTRUCTIONS?	

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held responsible for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

I understand that if my pet has live fleas/ticks present at the time of check in, he/she will be given a dose of flea/tick preventative at my expense.

***For animals that are stressed during boarding: Zylkene is a supplement and natural remedy which helps to create a feeling of calm and relaxation in dogs and cats. It is useful for reducing anxiety felt during stressful situations. Would you like for your pet to be given this once daily medication while boarding? Zylkene: Yes No

Signature of owner or	
responsible party	

Date:

PAYMENT IS EXPECTED AT TIME OF SERVICES