

South County Animal Hospital

SOUTH COUNTY ANIMAL HOSPITAL BOARDING CONTRACT

Owner's Name: _____ Pet's Name: _____
Check in date: _____ Pick up date: _____ AM ____ PM ____

While your pet is staying with us in our climate-controlled facility, we assure you that he or she is receiving excellent care and our full attention. If you have questions please ask any of our helpful staff.

VACCINATION POLICY (no exceptions): To insure the protection of all pets under our care, the following vaccinations must be current (given within the past 12 months by a licensed veterinarian).

YOU MUST HAVE RECEIPT OR CERTIFICATE AS PROOF OF VACCINATIONS.

Dogs: DHLPPV	Cats: FVRCP
BORDETELLA	LEUKEMIA
RABIES	RABIES

Pick-up times must be scheduled during regular business hours. No Sunday or holiday pick-ups.

FLEAS: Hospital policy requires all pets be given capstar (approx. \$8.00) upon admittance and departure. If your pet has any fleas or ticks our policy requires additional treatment (\$16.00 approx. with tax).

Would you like your pet to have a bath before going home? If boarding less than 5 days bath is at regular price – boarding 5 to 10 days bath will be at ½ price – boarding greater than 10 days your pet will be given a complimentary bath.

Yes _____ No _____

FEEDING: All pets are fed Science Diet food. If you would like your own food served, please provide the necessary amount.

SPECIAL DIET: No ___ Yes ___ If yes, what type food _____

MEDICATIONS: (Daily admin. charge: \$2.50) Please list all medications with instructions.

1. _____ Instructions _____
2. _____ Instructions _____

BELONGINGS: _____

SPECIAL INSTRUCTIONS (include anything you would like for the veterinarian to check while pet is boarding) _____

MEDICAL ILLNESS POLICY: If your pet becomes ill, we will call the emergency number below regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

- _____ Please perform what services the doctor deems necessary for the care of my pet until someone can be reached.
_____ DO NOT administer any medical treatment until authorization is given.

Owner or Agent Signature _____ Date _____

Emergency Contact Name and Phone Number _____

479-996-6095