

Boarding Agreement

Pet Name: _____ **Client Name:** _____
Species: _____ **Drop off date:** _____ **Pick up Date & Time:** _____

I understand that I will be charged for the day my pet is dropped off and picked up, regardless of time. I understand that if I do not notify of date change of pickup time/date changes there will be an additional fee on top of regular boarding fees.

Medications

We can take care of your pets medication needs while they are boarding with us. There is an additional fee for this service, please list medications as well as the frequency it is to be given.

Medication _____ Amount to give _____ Frequency _____
Medication _____ Amount to give _____ Frequency _____

Feeding

We can provide food for your pet at no additional charge. If you prefer, we will feed the pet's regular diet as provided by you. Please provide the amount and frequency we are to feed your pet.

Clinic Food: Own Food: Amount: _____ Frequency _____

Vaccinations

To insure the protection of all pets under our care, **vaccinations MUST be current**. We require Rabies, Distemper and Bordetella for dogs; we require Rabies and Distemper for cats.

Intestinal Parasites

Pet Central requires that a fecal sample is screened for intestinal parasites within the last 90 days for **ALL** pets that are staying with us. This can be performed while your pet is staying here with us for an additional cost (\$36.75). If any intestinal parasites are found, your pet will be treated. There is an additional cost for treatment depending on what parasite is found.

Wellness Policy

One of the advantages of boarding your pet at a veterinary hospital us that medical attention is readily available should the need arise. If your pet becomes ill, we will contact you at the provided phone number or call the emergency contact you provide below to discuss symptoms and treatment option for your pet

Personal Items: We encourage you to bring personal items (toys, blanket, bed, etc.) for your pet while they stay with us. Items may be removed if deemed a choking hazard. Food dishes, litter boxes and litter will be provided. **Please list all personal items:**

It is our policy that your pet goes home in the same condition as they arrived, if not, better. Therefore we offer a bath (\$15), nail trim (\$17), and anal gland expression (\$20) that can be performed during their stay. Please check the services below that you would like for your animal. Please note, a bath may be required under some stinky circumstances.

Bath **Nail trim** **Anal Glands**

Photo I would like a photo of my pet texted to: _____ during their stay at Pet Central. Texting charges may apply.

Emergency Contact Name/Number _____ **Owner Signature** _____

For Office Use Only

Weight: _____ Deposit: \$ _____ Cash Credit Initials: _____

Procedures

Due: Done:	Due: Done:	Due: Done:	Due: Done:
<input type="checkbox"/> <input type="checkbox"/> Nail trim	<input type="checkbox"/> <input type="checkbox"/> Anal Glands	<input type="checkbox"/> <input type="checkbox"/> Bath	<input type="checkbox"/> <input type="checkbox"/> Photo taken
<input type="checkbox"/> <input type="checkbox"/> Rabies	<input type="checkbox"/> <input type="checkbox"/> Distemper	<input type="checkbox"/> <input type="checkbox"/> Bordetella	<input type="checkbox"/> <input type="checkbox"/> Photo sent
<input type="checkbox"/> <input type="checkbox"/> Fecal	<input type="checkbox"/> <input type="checkbox"/> Proheart Inj.	<input type="checkbox"/> <input type="checkbox"/> Leukemia Vax	
<input type="checkbox"/> <input type="checkbox"/> Heartworm Test	<input type="checkbox"/> <input type="checkbox"/> Lyme Vax	<input type="checkbox"/> <input type="checkbox"/> Leukemia Test	

Are the client's **phone #**, address, and email correct?

Are the "Procedures Due" entered in HISTORY?

Is .BD1 or .BC1 used and adjusted accordingly in INVOICE?

Is Food and Medication cards filled out with a box for Fecal and Photo?