Boarding Agreement

Prairiehaven Animal Hospital, P.C.
208 Village Center Road
Sherman, IL 62684
217-689-4960

Today's Date _____ Date of pick-up _____ ☐ ☐ AM PM

Owner _____

Pet(s) Boarding	Bath Yes	Bath No	Medications Yes	Medications No
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Carrier, toys, etc.) _____

Special instructions – include detailed medication directions, feeding instructions, and anything you wish the doctor to check for:

_____

_____

_____

_____

For Your Pet's Health

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

DOGS: Rabies, DHLPPC, Bordatella, Fecal Exam, Heartworm Test

CATS: Rabies, FVRCP, Fecal Exam, FIV/HW Test

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy.

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive treatment at owner's expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number(s) listed above 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(s) require treatment to require immediate discomfort or to resolve an important medical condition.

____**Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.**

____**I authorize up to (check one and indicate amount) in medical care for my pet(s) until someone can be reached.** ☐ **$**_____ ☐ **$100** ☐ **$200**

____**Do not administer any medical treatment until specific authorization is given.**

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the veterinarian of a new pick-up date.

_____ _____

Date Owner/Agent for Pet(s)