

Boarding Agreement and Information

Owner's Name: _____ Phone Number: _____

Pet's Name(s): _____ Today's Date: _____ Date of Pick-up: _____

Emergency Contact Person(s) and Phone Number(s):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Will someone other than yourself be picking up your pet? **Yes** / **No**

If yes, what is their name? _____

My pet normally eats: Once Daily , Twice Daily , Other Indicate: _____Amount to feed at each meal: _____Please feed my pet kennel food **OR** food brought from home . Does your pet have food allergies? **Yes** / **No**

Please list any medication you brought or that your pet should receive while here:

MedicationGive how much & how oftenFor what condition

***Oral medication that can be administered easily in a treat or Pill Pocket is included in the overnight fee. Multiple medications or medication that is difficult to administer (or requires multiple kennel caregivers) will be charged an additional fee for medical boarding. All medications should be in original containers with current instructions.**

OUR VACCINATION POLICYTo insure the protection of all pets under our care, the following vaccines MUST be current:**Dogs:** - Distemper (DHPP aka DA2PP), Bordetella (Kennel Cough), Rabies**Cats:** -Distemper (FVRCP), RabiesPlease have a Doctor examine my pet while here for boarding **Yes** / **No** . If yes, please fill out drop-off form.Is your pet on regular flea or heartworm prevention? **Yes** / **No** . If yes, what brand? _____

*If fleas are found on your pet during their stay, P.F.A.C. will administer Capstar, a flea control medication, to kill the fleas. A charge of \$15.65 will be added to your invoice.

If not P.F.A.C., where is your pet regularly seen for medical care? _____

If necessary, may we call your regular/previous medical facility for your pet's medical records? **Yes** / **No**

When was your pet last seen by a veterinarian (if other than here): _____

Does your pet have any special needs or known medical/behavioral issues specific to boarding or other stressful situations (i.e. is your pet known to have diarrhea, vomiting, decreased appetite, or destructive behaviors while boarding?)

Yes / **No** If yes, please explain: _____MEDICAL ILLNESS POLICY

As a veterinary clinic, we are fully equipped to treat your pet should the need arise while he/she is boarding; however, we require your authorization to do so. Should your pet become ill or injured we will attempt to contact you at the emergency numbers you have provided; in case we are unable to reach you, choose an option below so we may accommodate your pet's needs according to your wishes:

 Please perform whatever services are deemed necessary by the attending Veterinarian. This may include diagnostics, non-elective treatments, and transportation/ overnight hospitalization at an emergency clinic. Without specific authorization from me, do not perform anything other than life-saving treatments.**CONTINUOUS PRESENCE NOT PROVIDED. WE ARE NOT STAFFED 24 HOURS A DAY.**

I certify that I have carefully read and fully understand the above boarding agreement and that all the information I have provided is complete and accurate. I release P.F.A.C. from any liability arising from information that is missing or incorrect.

Signature of pet owner or owner's agent: _____ **Date:** _____