



SOUTH TYLER ANIMAL CLINIC
5508 OLD JACKSONVILLE HWY
TYLER, TX 75703
903-561-1717
Fax 903-561-5181

BOARDING AGREEMENT

Date _____ Owner _____

Pet(s) Boarding _____

Emergency Contact _____ Phone Number _____

If more than one of my pets are boarding, I authorize them to be placed in the same boarding cage. yes no

VACCINATION POLICY

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

DOGS: _____ Rabies _____ Distemper _____ Parvo _____ Bordetella _____ Fecal (stool sample)

CATS: _____ Rabies _____ Distemper (FVRCP), _____ Feline Leukemia (FELV) _____ Fecal (stool sample)

If my pet's vaccinations are not up-to-date, or I am unable to provide proof of vaccination, I give my permission to update the vaccinations in accordance with the above policy. In addition, if any fleas or ticks are observed on my pet while boarding, I understand my pet will receive a flea or tick treatment at my expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet becomes 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 require treatment to relieve 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) () \$ _____ () \$100 () \$200 in medical care for my pet(s) until someone can be reached.

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

*****PLEASE NOTE THAT DUE TO STRESS, & DIET, SOME PATIENTS MAY EXPERIENCE DIARRHEA. IF THIS OCCURS, PATIENTS WILL BE TREATED AT THE OWNER'S EXPENSE.*****

I have read the above and understand that this agreement will remain in effect whenever my pet is boarding with South Tyler Animal Clinic. I understand that any changes to this agreement must be submitted to South Tyler Animal Clinic in writing.

Owner/Agent for Pet(s) _____ Date _____