



BOARDING AGREEMENT

Date _____ Owner _____

Pet(s) Boarding _____

Emergency Contact _____ Phone Number _____

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