

Pet's Friend Animal Clinic Boarding Agreement

Today's Date: _____ Date of Pick UP: _____ AM PM
Pet's Name _____ Owner's Name _____

EMERGENCY CONTACT PERSON(S) AND PHONE NUMBER(S)

Name _____ Phone# _____
Name _____ Phone# _____

My pet normally eats _____ once daily _____ twice daily _____ other (indicate) _____
Please feed my pet your kennel food. _____
Or
Please feed my pet the food I brought from home. _____

Please list below any medications you have brought or that your pet should receive while here.

Medication	How often?
------------	------------

*There will be an additional fee for medication administration. All medications should be in original containers.

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet at Pet's Friend Animal Clinic is that we have on record your pets' medical history and veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency contacts listed above regarding your pets' symptoms, treatment options and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require immediate treatment.

Please check only one

_____ Please perform whatever services are necessary for the best care of my pet until someone can be reached. This includes non-elective treatments, any necessary diagnostics, and transportation for overnight treatment to South Peninsula Emergency Veterinary Clinic in consultation with Pet's Friend Animal Hospital veterinarians if 24-hour intensive medical care becomes necessary.

OR

_____ Other than life-saving measures, do not administer any medical treatment until specific authorization is given.

OUR VACCINATION POLICY

To insure the protection of all pets under our care, the following vaccinations must be current:

Dogs: DHPP (distemper)	Cats: FVRCP (distemper)
Bordetella (kennel cough)	Rabies
Rabies	

While boarding I would like my pet examined. _____ yes _____ no
If yes is checked please fill out drop off form.

If fleas are found on your pet on admission, PFAC will administer Capstar, a flea control medication, to kill the fleas. A Charge of \$9.75 will be added to your invoice.

I have carefully read and fully understand the foregoing boarding agreement at Pet's Friend Animal Clinic. I certify that all information contained in this agreement is complete and accurate to the best of my ability, and I release Pet's Friend Animal Clinic from any liability arising in whole or in part, from any information that is not correct.

Owner of Pet or Agent of Owner