

**OCEAN AVENUE VETERINARY HOSPITAL
BOARDING AGREEMENT FORM**

OWNER INFORMATION

Client Name:	Emergency Contact:
Contact #:	Contact #:
DROP OFF DATE/TIME:	PICK UP DATE/TIME:

PET INFORMATION

Pet Name:	Breed:
Male/Female	Spayed/Neutered (please circle one)

FEEDING INSTRUCTIONS

DRY FOOD/WET FOOD: Amount per feeding:	How many times per day:
Any other special feeding instructions:	

MEDICATION

Name of Medication:	Dose/how many times per day:
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BELONGINGS

Please list toys/beds/blankets:
Please keep in mind that on occasion some items may be lost or damaged, please do not leave anything that is of great value to you

VACCINATION POLICY

TO ENSURE THE PROTECTION OF ALL PETS UNDER OUR CARE, ALL OF THE FOLLOWING MUST BE UP TO DATE:				
DOGS	DHPP/DHLPP	BORDETELLA	RABIES	FECAL
CATS	FVRCP	RABIES	FECAL	FELV/FIV TEST

If your pet is not up to date, or you are unable to show proof of vaccinations, you must agree to have your pet updated while here. X _____

If any fleas/ticks are observed on your pet while boarding, he/she will receive a flea/tick treatment at the owner's expense. X _____

MEDICAL ILLNESS POLICY

IF YOUR PET BECOMES ILL, WE WILL CALL YOU AND YOUR EMERGENCY CONTACT LISTED ABOVE REGARDING YOUR PET'S SYMPTOMS, TREATMENT OPTIONS AND ESTIMATES OF ADDITIONAL COSTS. IN THE EVENT THAT NO ONE CAN BE REACHED, PLEASE INDICATE YOUR WISHES BELOW, SHOULD YOUR PET REQUIRE IMMEDIATE TREATMENT. PLEASE CHECK ONE:

____ PLEASE PERFORM ALL TREATMENTS AND DIAGNOSTICS THE DOCTOR DEEMS NECESSARY UNTIL SOMEONE IS REACHED.

____ DO NOT ADMINISTER ANY MEDICAL TREATMENT UNTIL AUTHORIZATION IS GIVEN.

____ I AUTHORIZE UP TO \$ _____ IN MEDICAL CARE UNTIL SOMEONE IS ABLE TO BE REACHED.

*****IF SOMEONE OTHER THAN YOURSELF WILL BE PICKING UP YOUR PET PLEASE PROVIDE THEIR NAME AND PHONE NUMBER BELOW. ALSO, THE PERSON PICKING UP YOUR PET WILL HAVE TO SHOW US PROOF OF ID AT TIME OF PICK UP*****

NAME: _____ PHONE NUMBER: _____

OWNER'S SIGNATURE: _____ DATE: _____