



BOARDING AGREEMENT

Owner Name: _____ Pet Name: _____

Drop Off Date: _____ Pick Up Date: _____

Feeding Instructions (Please Circle Choice) : Once Daily Twice Daily Always Available

I have left these personal items:

Medications & Instructions

At what number may you be reached while you are away?

Emergency Contact/ Authorized Agent Phone Number :

Wags 2 Whiskers Veterinary Hospital requires current (according to our policies) Distemper combination and Rabies vaccines on **all** boarding animals, unless otherwise specified by the veterinarian. Bordetella vaccine is also required for dogs. If your pet is not current on these vaccines they will be given and the expense will be part of your discharge invoice.

Any internal and external parasites identified will be treated at the owner's expense.

If your pet becomes ill or if the state of your pet's health otherwise requires medical attention, Wags 2 Whiskers Veterinary Hospital will administer treatment deemed necessary for the health and safety of your pet.

We cannot be responsible for the damage of any personal items during the boarding experience. We are not equipped to wash large beds or blankets should they become soiled.

There are no Sunday drop offs or releases.

I hereby give permission for Wags 2 Whiskers Veterinary Hospital to administer emergency treatment for my pet. I further agree to take responsibility for treatment and procedures received by my pet while boarding in the facility and understand that full payment is due upon discharge.

Date

Signature of Owner or Authorized Agent