

# **Boarding Agreement**

**Timbercrest Veterinary Service**

2021 2400<sup>th</sup> St. Atlanta, IL 61723  
217-648-5800

Today's Date \_\_\_\_\_ Date of pick-up \_\_\_\_\_  AM  PM

Owner _____	<u>Bathe</u>		<u>Medications</u>	
	Yes	No	Yes	No
Pet(s) Boarding _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency \_\_\_\_\_

Emergency telephone number(s) \_\_\_\_\_

Pet's belongings (Carrier, Toys, etc.) \_\_\_\_\_

Special Instructions --

Include detailed medication directions, feeding instructions, or anything you wish the doctor to check for:

\_\_\_\_\_

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## **For Your Pet's Health**

### **Vaccination Policy**

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

DOGS: 1 - \_\_\_\_\_ Rabies \_\_\_\_\_ DAPPVL \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm Test  
2 - \_\_\_\_\_ Rabies \_\_\_\_\_ DAPPVL \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm Test  
CATS: 1 - \_\_\_\_\_ Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Felv/FIV  
2 - \_\_\_\_\_ Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Felv/FIV

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy. In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath/dip at the owner's 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 numbers 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(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

\_\_\_\_\_ Please perform whatever services the doctor deems necessary 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.

### **Flea Policy**

To protect all visiting pets, we require clients pay \$22.50-25.50 for a 24 hour flea treatment if your pet is found with even a single flea.

**I have read and understand this agreement. I fully intend to pick-up my pet(s) on the above specified date.**

**If circumstances change, I will notify the veterinarian of a new pick-up date.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent for Pet(s)