

Abshier-Meuth Animal Hospital  
**VETERINARY BOARDING AGREEMENT**

Owner: \_\_\_\_\_

Acct# \_\_\_\_\_

Date: \_\_\_\_\_

Pets Boarding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FOR YOUR PET'S HEALTH**

Our Vaccination Policy: To ensure the protection of all pets under our care, the following must be up to date:

DOGS: L4DA2PPC (Distemper)	CATS: FVRCPC (Distemper)
Rabies	Feleuk (Leukemia)
Bordetella (Kennel Cough)	Rabies
Combo Flu (K9 Influenza/Chicago Influenza)	Fecal Check
Fecal Check	

**MEDICAL ILLNESS POLICY**

One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill or injured, Doctors or Staff will make every attempt to call the emergency number(s) listed above regarding your pet's symptoms, prior to any treatment, and give estimate of additional costs.

- I understand my pet must be current on vaccines for boarding. If not current, I authorize the doctors to examine and give the above vaccines.
- I agree to pay for any and all vaccinations that are deemed necessary for my pets stay.
- I understand that if my pet is taking more than one medication, I am subject to be charged for Medical Boarding
- I understand and consent for the doctors of Abshier-Meuth Animal Hospital to prescribe the antianxiety medication Trazodone if my pet is showing signs of anxiety or nervousness. I understand there will be a fee for the medication.
- I consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.
- If a medical problem is discovered during my pets stay, I understand that care will be provided I and agree to pay for all necessary treatment.
- I agree to pay for flea treatment if fleas or flea dirt are found on my pet on admission or during my pets stay.
- I understand that boarding rates are charged by the night.
- I understand that there are no pick-ups outside of the Normal Business hours.
- I agree to pay in full for all services rendered at the time of discharge.
- I fully intent to pick up my pet on the prearranged date specified. If circumstances change, I will notify the veterinary hospital of a new pick up date.

**PLEASE INITIAL AND SIGN BELOW**

_____	I acknowledge and agree to the terms and conditions of service
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\_\_\_\_\_  
(Owner or agent for pet/pets)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date