

Boarding Agreement

Owners Name: _____

Address _____

Phone Number(s) _____

Pet(s) Name _____

Please initial behind statements:

1. I understand that my pet must be current on vaccinations (DHLPPC, Bordetella, and Rabies for dogs and FVRCP, Rabies for cats) and I must provide proof of vaccinations if done at a different veterinary clinic. _____.
2. I understand that my pet must be current on an approved flea and tick product and I will be able to provide proof if asked. _____.
3. I understand that I am solely responsible for harm or damage caused by my pet(s) while my pet(s) is/are under the supervision and care of Tender Care Animal Hospital, LLC and its employees. _____.
4. I understand that if my pet(s) are not current on the required vaccinations I will either have them updated before their arrival date and bring proof or I will have them updated at Tender Care Animal Hospital, LLC during their stay _____.

Emergency contact: Person(s) to contact if you are not available and has the authority to make decisions on your behalf.

Name _____

Phone Number _____

BOARDING MEDICAL ILLNESS POLICY: In the unforeseen circumstance your pet(s) gets ill or an emergency happens, we as a veterinary hospital are readily available to render whatever services are needed upon your request below. We'll first call the emergency number(s) listed above regarding your pet(s) symptom(s), treatment options, and estimate of costs. If no one can be reached, please indicate your wishes below regarding this issue to relieve your pet(s) immediate discomfort or to resolve his/her medical condition. Please initial your choice below.

_____ I give permission to perform whatever service the doctor deems necessary for my pet(s) best care until someone can be reached.

_____ I give permission to perform up to the selected amount below until someone can be reached.

- \$50 \$75 \$100 \$125 \$150 \$175
 \$200 \$225 \$250 \$275 \$300 \$325

_____ I give permission to perform only _____ (specific amount) until someone can be reached.

_____ DO NOT administer any medical treatment until specific authorization is given.

Client Signature _____ Date _____

Please write any specific instructions that would better able us to provide exceptional care while your pet(s) is/are boarding at Tender Care Animal Hospital, LLC. _____
