



ARROWHEAD ANIMAL HOSPITAL BOARDING AGREEMENT

OWNER: _____

PET(S) NAME: _____

(1) _____ (2) _____ (3) _____ (4) _____

PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY: _____

EMERGENCY PHONE NUMBER(S): _____ or _____

REQUIREMENTS: To help insure the health of all pets in the boarding facility the following vaccines must be current (AT LEAST ONE WEEK PRIOR TO SCHEDULED BOARDING DATE).

Dogs are requires to have: Wellness exam, DA2PP, BORDETELLA, and RABIES

Cats must have: Wellness exam, FVRCP and RABIES

IN ORDER TO PROVIDE BETTER CARE FOR YOUR PET WHILE STAYING WITH US WE REQUIRE THAT YOUR PET HAS BEEN EXAMINED BY A VETERINARIAN AT THIS HOSPITAL WITHIN THE LAST YEAR. _____ INITIALS

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet(s) at a veterinary facility is that veterinary attention is readily available should the need arise. If any pet becomes ill, we will call the emergency number given above. However, if no one can be reached please indicate how you wish us to proceed.

_____ Please perform whatever services the veterinarian deems necessary until my agent or I can be reached at the emergency number above. The fees for these services should not exceed \$ _____ without further authorization from my agent or myself.

_____ Please do not administer any medical treatment until specific authorization is given.

ADDITIONAL SERVICES: If you would like your pet(s) to have a toenail trim and/or its anal sacs expressed, while boarding, please advise the receptionist at this time.

PERSONAL BELONGING: You are welcome to leave personal belongings, such as toys, bedding, etc., with your pet. Please understand that although we endeavor to care for these items, they may become badly soiled, chewed, lost or otherwise destroyed. We recommend that only dispensable items be left with your pet.

BELONGINGS: _____

FEEDING INSTRUCTIONS: _____

MEDICATIONS: _____ INSTRUCTIONS: _____

MEDICATIONS: _____ INSTRUCTIONS: _____

SPECIAL INSTRUCTIONS: _____

I intend to pick up my pet(s) on the date specified by me. If circumstances prevent me from doing so, I will notify Arrowhead Animal Hospital.

Signature Date

THANK YOU for choosing Arrowhead Animal Hospital. We treat each pet as if it were our own.