

BOARDING AGREEMENT.
WESTWOOD VETERINARY CLINIC

Today's Date _____ Pick-up Date Time _____ AM ___ PM ___

Owner _____ Phone Number _____

Address _____ City/State _____ Zip _____

In **EMERGENCY** contact _____ Phone _____

Medication Required:

1- Pet's NAME _____

No ___ Yes ___

Sex _____ Breed _____

2- Pet's NAME _____

No ___ Yes ___

Sex _____ Breed _____

E-MAIL: _____

Pet's Belonging (Carrier, Toys, Etc) _____

Special Instructions Include Medication, Directions, Feeding Direction, and Anything you wish the Doctor to check for: _____

FOR YOUR PET'S HEALTH

VACCINATION POLICY

To insure the protection of all pets under care, the following **MUST** be up-date:

DOGS: ___ Rabies ___ DHLPPC ___ Bordetella ___ Fecal Exam (Stool Exam Within Last 6 Months)

CATS: ___ Rabies ___ FVRCP ___ FELV ___ Fecal Exam (Stool Exam Within Last 6 Months)

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.

Due to our boarding facility policy, your pet has to receive a flea/tick Dip at the beginning of its boarding, and a Bath/or Grooming, at the scheduled pick up time at an additional charge.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at the veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number 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 by writing your initials, should your pet(s) require any treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best of my pet until someone can be reached. This includes only non-elective treatment and necessary diagnosis.

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

Reasonable precautions will be used against injury, escape, death of your pet(s). The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I also understand that there is no medical staff overnight, only during office hours.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date, if my circumstances should change, I will notify the veterinarian of a new pick up date.

Owner/Agent _____ Date _____