

Mandarin Animal Hospital Boarding Agreement

Owner's/Authorized Agent's Name _____ Date of pickup _____

Pet's Name _____ Breed: _____ Sex: F ___ Spayed F ___ M ___ Neutered Male ___

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Person's to Contact in Case of Emergency: _____

Emergency Phone Number(s): _____

Pet's Belongings (carrier, toys, blankets, leash, etc.): _____

Special Instructions: (include detailed medication directions and anything you wish us to know): _____

FOR YOUR PET'S HEALTH

To ensure the protection of all pets under our care, the following immunizations must be up to date and given by a licensed veterinarian:

DOGS: **DA₂PP** (Distemper/Parvo), **Rabies**, **Bordetella** (Kennel Cough)

CATS: **FVRCP** (Distemper), **Rabies**

All boarders must be free of all internal and external parasites. If parasites are found during boarding, Mandarin Animal Hospital reserves the right to treat at the owner's expense.

I give my permission for the Mandarin Animal Hospital to update my pet's immunizations in accordance with the above policy.

I understand that no staff member is present overnight.

Medications

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Statement of Kennel Policy

1. Personal items may be left at your own risk. We are not responsible for loss or damage. Please clearly mark all belongings.
2. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.

In Case Of Medical Illness: One of the advantages of boarding your pets at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) 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 require treatment to relieve discomfort or to resolve an important medical condition. **Please choose one:**

A. ___ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

Or

B. ___ I authorize up to (check one): ___ \$100 ___ \$200 Other \$ ___ care for my pet until someone can be reached.

Or

C. ___ Do not administer any medical treatment until specific authorization is given.

Please check one:

___ I fully intend to pick up my pet on the above date specified. I will notify the hospital of any new pick up date.

___ I authorize _____ to pick up my pet(s) on the above date specified. I understand prepayment of services is required. I will notify the hospital of any new pick up date.

Owner or Agent for Pet(s) _____ Date _____