

Boarding Contract

Vaccination Policy: Per State Law, all dogs and cats must be current on a Rabies vaccination. Blackstone Animal Clinic also requires dogs to be current on Distemper/Parvo/Corona and Bordetella vaccinations. Cats are required to be current on a Feline Distemper vaccination. Unless record of these vaccinations is provided from another clinic or hospital, Blackstone Animal Clinic has permission to update these vaccinations for my pet(s) upon their arrival for boarding. In an effort to keep our kennel clean and parasite free, Blackstone Animal Clinic will administer parasitic control if deemed necessary by the doctor.

I/we have read and understand this policy and will be responsible for the charges of the vaccinations and parasitic control. (please initial)_____

Has your pet experienced any of the following complaints recently: (Please circle all that apply)

Coughing Sneezing Vomiting Diarrhea Scratching Other_____

Is your pet allergic to any drugs/food/medications? No____ Yes____ If yes, please list/explain_____

Is your pet on any medication(s)? No____ Yes____ If yes, please list, including dosage and schedule (i.e.: Thyrozine in the morning and evening)_____

Has your pet had any illness or injury in the past 30 days? No____ Yes____ If yes, please describe_____

Please describe your pet's current diet (i.e.; brand of food, canned or dry, or both)_____

Is your pet fed (please circle) Once a day Twice a day Leave food down all day

How much is your pet given at each feeding?_____

Are there any special feeding instructions? No____ Yes____ If yes, please explain_____

Planned pick up date is _____

In case a routine problem arises during your pet's stay, please circle one of the treatment options below:

- Please treat as the Veterinarian feels is needed, you do not need to call for my permission.
- Do not perform any diagnostics and/or treatment until I am notified and give consent for you to evaluate and treat as recommended.

In case of emergency, immediate veterinary care to stabilize your pet will be provided at your expense. Please circle one of the options below to let us know how you would like the Doctor to continue should such an emergency arise.

- I/we authorize the medical staff to perform any and all emergency medical procedures that may be necessary for the health of my pet. The medical staff does not need to reach me for my consent prior to performing these treatments.
- Perform only emergency and supportive care. Notify me before performing any further treatment.

I understand I will be expected to pay for any of these necessary services performed on my pet.

I/we understand that my pet's diet may have varies while away from home. And that they may have barked at other animals and that the temperature and humidity may have differed from the home environment. These circumstances can cause problems such as sore throats, diarrhea and weight loss. If my pet is not current on flea and tick preventative, they may also have come into contact with these parasites.

I/we understand that the clinic is not responsible for loss or damage to personal items left with the pet including, but not limited to leashes, collars, beds and toys.

The clinic is to use all reasonable precaution against injury, escape, illness or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I /we understand that any problem that develops with my pet will be treated as noted above and I/we assume full responsibility for the treatment expense incurred.

A bath is optional for your pet on the day of pick up. Please ask about schedule availability and fees.

Date: _____ **Owner/Agent signature** _____

Contact phone number(s) _____

