

BOARDING AGREEMENT

EAST EL PASO ANIMAL HOSPITAL, P.C.

3370 Wedgewood
El Paso, TX 79952
Telephone: (915) 593-1712

Today's Date _____ Date of pick-up _____ AM PM
Owner _____

Pet(s) Boarding _____	<u>Bathe</u>		<u>Medications</u>	
	Yes	No	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Carrier, Toys, etc.) _____

Special instructions - include detailed medication directions, feeding instructions, and anything you wish the doctor to check for:

FOR YOUR PET'S HEALTH

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

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

Cats: ___ Rabies ___ FVRCP ___ Stool 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.

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath/dip at the owner's expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a 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(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(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

___ 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 necessary diagnostics.

___ I authorize up to (check one and indicate amount) \$ _____ \$100 \$200

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

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

Date

Owner / Agent for Pet(s)