

Anderson Mill Animal Clinic Boarding Agreement

Date Of Pick-Up: _____ **Kennel Mate:** _____

Emergency Phone: _____ **Alternate Phone:** _____

Feeding Instructions: We provide a dry sensitive stomach formula to boarders, free of charge, but owners are welcome to bring food from home. We can provide canned at an additional cost. Please select from the following options:

Food: **In-Clinic Diet** **I Am Providing My Own Food**

Feed: _____ cup(s) and/or _____ can(s) **OR Please feed recommended daily amount for my pet**

Once Daily in AM Once Daily in PM Twice Daily

When did your pet eat last: _____

Vaccinations, Labwork, & Medical Services: In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, distemper, parvo, and bordetella vaccines, intestinal parasite exam and cats have current intestinal parasite exam, rabies and feline upper respiratory vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding. My signature below approves the following vaccinations/treatments to be performed at my expense.

Canine (Required): Exam , Bordetella , Rabies , Distemper , Parvovirus ,
Intestinal Parasite Screen

Canine (Optional): Leptospirosis , Heartworm Test , Rattlesnake , Influenza , Lymes

Feline (Required): Exam , Rabies , Feline Upper Respiratory , Intestinal Parasite Screen

Feline (Optional): Feline Leukemia , Combo Test

Medication: Administration of medication is \$2.00 for 1-3 medications per day, then \$1.00 per each additional medication. *Medications will only be given if they are in their original, labelled container.* All over the counter medications are given at owner's risk. Please list any medications that will be given below:

Prescription Medications and Instructions: _____

Over the Counter Medications and Instructions: _____

Grooming: All dogs boarding for two nights or more will receive a complimentary bath (does not include nail trim, anal gland expression, or ear cleaning) the morning they go home. If you request grooming services please list below and note that there are additional charges:

Additional Grooming: _____

As a compassionate animal care facility, we try to provide the most comfortable environment for your pet(s) while you are away. Unfortunately, there are times when the excitement of being here and/or the stress of missing you can lead to stress induced vomiting, diarrhea, upper respiratory infection, etc. If anything out of the ordinary occurs, we will make every effort to contact you before initiating any treatment. If we are unable to reach you, your pet(s) will be treated, at the discretion of the veterinarian, and any necessary medications and/or food will be added to your account for payment upon pickup.

Owner's Signature: _____ **Date:** _____