
BOARDING CONTRACT

OWNER: _____
PET'S NAME BREED COLOR SEX/AGE

All animals entering the Hospital **Must Be Current On All Vaccinations And Be Free of External Parasites.** If they are not, vaccinations will be administered and/or the pet treated for parasites at the owner's expense. All dogs must have had a bordetella vaccination within the last 6 months.

Owner's Initials: _____

PROCEDURES REQUESTED WHILE PET (S) ARE BOARDING (Please Check):

CANINE	FELINE	MISCELLANEOUS
<input type="checkbox"/> DHLPPC booster	<input type="checkbox"/> FVRCP booster	<input type="checkbox"/> Dental cleaning
<input type="checkbox"/> PC booster	<input type="checkbox"/> Leukemia booster	<input type="checkbox"/> Bloodwork
<input type="checkbox"/> Lymes booster	<input type="checkbox"/> FIP booster	<input type="checkbox"/> Bath/Brush out
<input type="checkbox"/> Rabies booster	<input type="checkbox"/> Rabies booster	<input type="checkbox"/> Surgery _____
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Felv/FIV test	<input type="checkbox"/> Other _____
<input type="checkbox"/> HW test	<input type="checkbox"/> Fecal	
<input type="checkbox"/> Fecal		

MEDICATIONS NEEDED WHILE BOARDING:

PET'S NAME	MEDICATION	INSTRUCTIONS

I authorize Hill Country Veterinary Hospital to do whatever is necessary should treatment of any kind be deemed necessary, or an emergency should arise. To include, if needed, tranquilization/anesthesia, surgery, or medication for my pet(s). I understand these procedures will be billed to me, the client. I agree to pick-up my pet within 5 days of the below indicated discharge date or notify HCVH by telephone of any discharge date changes. It is my understanding HCVH will automatically have authorization to dispose of my pet(s) as they deem professionally necessary, if I do not meet the above criteria. Fees are charged by weight and per night, and animals will be released only during normal business hours. Full payment is due upon release.

Owners Initials: _____

OWNER'S SIGNATURE: _____

EMERGENCY CONTACT NUMBER: _____

ADMITTING DATE: _____ RELEASE DATE: _____
