

Parvin Animal Clinic Boarding Agreement

Vaccinations required for boarding:

Dogs – Da2PPL, Rabies and Bordetella

Cats – FVRCP and Rabies

(If given elsewhere, you must provide proof of vaccination)

ALL pets will be administered a Capstar upon entrance to the clinic. There is a charge for this.

Pet's name(s): _____ Date _____

Owner's Name _____ Phone _____

Emergency Contact _____ Phone _____

Pick up date _____ Pick up time _____

Weekend After Hours Pick-up is available

Saturday 8:00 - 8:30 am

Sunday 4:00 – 4:30 pm

Please USE the side door for drop-off and pick-up!

Pre-payment MUST be made for weekend pick-up.

Exit bath? *Bath fee based on pet's weight (circle) No Yes Medicated or Oatmeal

All pets receiving a bath should be picked up after 2 pm to allow adequate drying time.

Is your pet on medications other than heartworm and flea preventative? _____ Yes _____ No

If yes, please list medication and how often administered and LAST given:

Medication Name _____ Dosage _____ X per day _____ Last DOSE given _____

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Does your pet have any problems or in need of an exam today? Vaccinations? Special care? Diet? Etc.

_____ *Additional charges may apply

PLEASE CIRCLE: Clinic Food (Science Diet) Brought My Own Food Feed _____ times per day _____

We do provide bedding and toys for your pets. If you are leaving personal items please list them below:

Disclaimer: Kennels are sanitized daily and ALL bedding will be washed and dried. Parvin Animal Clinic will not be responsible for items lost or damaged.

If any problems develop with your pet (ie. Diarrhea/vomiting, etc) during their stay with us would you like for us to: Please initial one:

_____ Please treat my pet using the Doctor's best judgement and call me only if necessary

_____ Please call me first and only treat if I cannot be reached

If any problems develop with your pet, Parvin Animal Clinic will make their best effort to reach you at the number provided. If unable to contact you, your pet will be treated as deemed best by the Veterinarian. I understand that I will assume full responsibility for the expenses involved.

Owner or Responsible Party Signature

Date