

Parvin Animal Clinic Boarding Agreement

Vaccinations required for boarding:

Canine – Da2PPPL, Rabies and Bordetella Feline – FVRCP and Rabies
(If given elsewhere, proof of vaccination from veterinary clinic must be provided)

For the safety of your pet and the prevention of fleas, **all** patients will be given a 24-hour flea pill upon arrival, at an additional charge.

Owner's Name _____ Phone _____

Emergency Contact _____ Phone _____

Pet's name(s): _____ Date _____

Boarding Start Date: _____ Boarding End Date: _____

Estimated 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 (west) for drop-off and pick-up!
Pre-payment MUST be made for weekend pick-up.

EXIT BATH? (*Bath fee is based on pet's weight*) (Please Check) _____ No _____ Yes - Medicated or Regular?

**We request that all pets receiving a bath are picked up after 2 pm, to allow adequate drying time. **

FEEDING: Own Food or Clinic Food (Science Diet) and Feeding Amount _____

Once Daily (AM or PM) Twice Daily Three times a day Free Feed

Please list any medication(s) that your pet is currently taking and will be receiving while boarding (**additional charges apply**):

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

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

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

(Please use back for additional medications)

Will your pet be receiving any additional services while boarding with us? (Examination, Vaccinations, Special Care, etc.)

_____ (**Additional charges may apply**)

We provide bedding and all essential necessities for your pet. If you are leaving personal items, please list all belongings below:

LEASH COLLAR HARNESS BLANKET TOY BED CARRIER TOWEL OTHER: _____

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

In the event that your pet is needing veterinary care while boarding (i.e., vomiting/diarrhea):

_____ 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 (**Must be over the legal age of 18**)

Date

Turn Over

Shared Accommodation Waiver

I have requested that Parvin Animal Clinic allow my pets to board together in the same run or kennel. I understand that this request means that my pets will be housed together for the duration of their stay, unless problems arise.

By signing this documentation, I voluntarily release Parvin Animal Clinic and its staff from any and all responsibility or liability that may arise, forming injury and/or damage inflicted by one of my pets on one another during their time of boarding. I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by Parvin Animal Clinic for the said event that had taken place.

Client Name (print): _____

Date: _____

Client Signature: _____