

COUNTRYSIDE VETERINARY SERVICE

BOARDING AGREEMENT

Client Name: _____

Contact Phone: _____

Emergency Contact: Name _____ PH# _____

Pet's Name(s): _____

Date Dropping off: _____ Date Picking up: _____

Important information about my pet:

Behavior: Is your pet friendly, nervous, aggressive? Tell us about your pet.

Diet: What diet do you feed, when do you feed, and how much do you feed?

What, if any, medications is your pet taking? You must bring medications with you in properly marked containers. When did you last give? _____

Name of medication and how you are giving: _____

Name of medication and how you are giving: _____

Name of medication and how you are giving: _____

I understand that my pet must be current on vaccinations for boarding. This includes Distemper Parvo, Bordetella and Rabies for dogs, and Distemper and Rabies for cats. My pet needs to be free from fleas. If fleas are found on my pet, he or she will have Catego /Vectra 3D/Capstar applied at my expense. I will supply my own food for my pet while boarding. If I do not bring food or my pet runs out of food while boarding, food will be provided by hospital at my expense. If my pet soils himself/herself during the visit he/she will be bathed at my expense. If an emergency situation arises, the staff at Countryside Veterinary Service will make every attempt to contact me or my emergency contact. If I cannot be reached they have permission to treat my pet at my expense. If there is a non-emergency health issue and I cannot be reached, they will delay treatment until I can be reached.

Authorized Signature: _____ Date _____.