

BOARDING HEALTH CARE AGREEMENT

We do not board Ferrets or Wolf hybrids

Owner(s): _____ Cell # _____

Emergency Phone # & Location: _____

Required by EVC to board: Canine = Rabies, Distemper & Bordetella Feline = Rabies, Distemper & Leukemia

	Pet Name	Breed	Sex	Age	Brand of Food Or RX Diet	Meds Yes / No	Current Vaccs Yes / No
1							
2							
3							

List of Medication(s) to be administered for above pet #: _____

Procedures requested while boarding:

Vaccinations: _____
(All vaccinations will include a wellness exam for the benefit of your pet)

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive physical Exam | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Nutritional assessment |
| <input type="checkbox"/> Felv / Fiv Test | <input type="checkbox"/> Deworming |
| <input type="checkbox"/> Ear Check / Cleaning | <input type="checkbox"/> Fecal exam |
| <input type="checkbox"/> Spay / Neuter / Declaw | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Other: _____ | |

ALL ANIMALS ENTERING THE CLINIC MUST BE CURRENT ON THE REQUIRED VACCINATIONS AND FREE OF EXTERNAL PARASITES OR THEY WILL BE TREATED AT THE OWNER'S EXPENSE.

Elko Veterinary Clinic is not responsible for any illness or injury that may be a result of my animal boarding at their facility. I authorize Elko Veterinary Clinic staff veterinarian to do whatever necessary should an emergency situation arise, to include tranquilization as required. I understand I am financially responsible for any fees incurred in addition to boarding.

Elko Veterinary Clinic is not responsible for any lost, stolen or damaged items that are left with pet.

I agree to pick up my pet within 10 days of my discharge date or my pet may be considered abandoned if I do not. In my failure to recover my pet you are automatically to dispose of my pet as deemed professionally necessary. I understand I will still be financially responsible for all service fees, boarding fees, and legal fees to collect this money. Fees are charged on a day in through day out basis. Pets are released only during normal business hours.

Payment in Full is due at release.

Date In: _____ Date Out: _____ Signed: _____