

BOARDING AGREEMENT

Country View Veterinary Service
1350 South Fish Hatchery
Oregon, WI 53575
Phone (608) 835-0551
Fax (608) 835-0552

Today's Date _____ Date of pick-up _____ AM PM

Owner _____ Primary Veterinarian _____

Pets Boarding: Meds Optional Services (dogs only)
Yes No Play time (\$3.00 per session) _____
Walk (\$3.00 per session) _____
Obedience Session (\$4.00 per session) _____

Person(s) to contact in case of emergency _____
Emergency telephone number(s) _____
Pet's belongings (Carrier, Toys etc.) _____

Special instructions:

For each pet, include detailed **medication** directions, **feeding** instructions, and anything you wish the doctor to check for _____

FOR YOUR PET'S HEALTH

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

Dogs: _____ Physical Exam _____ Rabies _____ DHLPP _____ Bordetella

Cats: _____ Physical Exam _____ Rabies _____ FVRCP

If not up-to-date, or unable to provide proof of vaccination, ***I give my permission to update my pet(s) vaccination and/or physical examination in accordance with the above policy.***

Last **Flea Product application** given: Product name: _____ Date: _____

For your pet's safety, Country View is requiring Frontline (or other acceptable flea prevention product) is given to your pet(s) within the last 30 days, if this has not occurred, then the clinic can provide this at the time of arrival with the cost of Frontline treatment applied to your account. In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath/dip at the owner's expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below, should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (check one and indicate amount) \$ _____ \$100 \$200 in medical care for my pet(s) until someone can be reached.

_____ Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change. I will notify the veterinarian of a new pick-up date.

Date Owner/Agent for Pet(s)

