

SLIDELL VETERINARY HOSPITAL BOARDING AGREEMENT & RELEASE FORM

DATE IN: _____ DATE OUT: _____

OWNER: _____ PET'S NAME: _____

CELL PHONE NUMBER: _____ HOME PHONE: _____

All animals boarding at Slidell Vet Hospital are required to have proof of current vaccinations. (Dogs: distemper, parvovirus, corona virus, bordetella, and rabies. Cats: fvrpc and rabies.) These are minimum vaccination requirements and are necessary for the safety of all the animals.

BELONGINGS: Please Take Leashes And Personal Items Home. We Will Not Be Responsible For Any Items Lost. ** We Provide All Bedding Materials. **

**MEDICATIONS WHILE BOARDING:
\$3.00 pet/ per day**

MEDICATIONS: (Type&Dosage)

Special Instructions/Diet Instructions:(We feed Science Diet or Purina)

All precautions will be used against injury, escape or death of this pet. The clinic and staff will not be held liable for problems that develop and are beyond Slidell Vet Hospital's control, provided that reasonable care and precautions have been followed. I authorize the Slidell Vet Hospital to administer any treatments and test necessary should any illness, abnormal condition or disease be discovered while my pet(s) is/are boarding. If I neglect to pick up my pet(s) within 5 days of the above pickup date, you may assume that the pet(s) is/are abandoned and you are hereby authorized to dispose of the pet(s) as may deem necessary, unless written arrangements are made.

I understand and agree that if my pet(s) enters the Hospital for boarding and parasites (fleas, worms, etc.) are found on my pet(s), he/she will be given the appropriate medication to treat the parasites. I further understand that there is an additional charge for the medication.

WE DO NOT BOARD DURING TROPICAL STORMS OR HURRICANES. YOU MUST MAKE ARRANGEMENTS TO PICK UP PETS. SLIDELL VETERINARY HOSPITAL ACCEPTS NO RESPONSIBILITY FOR ANIMALS LEFT BEHIND!

Thank you for trusting us with your pet's care in your absence. Every effort will be made to make your pet as comfortable as possible.

PROCEDURES WHILE BOARDED:

Annual Vaccinations: _____ Bath: _____ Nail Trim: _____ Other: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PH# _____

OWNER'S SIGNATURE _____ DATE: _____

