

BOARDING AGREEMENT



411 Oskaloosa Street
Pella, IA 50219
641.620.8880

OWNER: _____ DATE: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMERGENCY # _____

PET'S NAME: _____ BREED: _____ SEX: _____ AGE: _____ COLOR: _____
PET'S NAME: _____ BREED: _____ SEX: _____ AGE: _____ COLOR: _____
PET'S NAME: _____ BREED: _____ SEX: _____ AGE: _____ COLOR: _____

VACCINATIONS:

UP TO DATE: Y / N Due: _____
IS ANIMAL NEUTERED OR SPAYED? _____YES _____NO
DATE TO BE PICKED UP: _____ AM _____PM
ENTERED BY: _____

MEDICATION TO BE GIVEN WHILE BOARDING:

1. _____ at _____am _____pm _____pm
2. _____ at _____am _____pm _____pm
3. _____ at _____am _____pm _____pm

WHILE IN HOSPITAL, CHECK:

- A. _____
- B. _____
- C. _____

INSTRUCTIONS:

1. Physical Exam: _____
2. Vaccinations: _____
3. Heartworm Test: _____
4. Fecal: _____
5. Grooming: _____
6. Diet / own food: _____

FEE PER DAY _____

If sedation is necessary for treatment or handling, I give **PELLA PETS VETERINARY CLINIC** my permission to administer such medications.

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.

I also authorize **PELLA PETS VETERINARY CLINIC** to do whatever is necessary should an emergency situation arise. Payment is required when animal(s) are released.

PETS ARE RELEASED DURING REGULAR CLINIC HOURS. If I neglect to pick up my pet within 5 days of the date above, **PELLA PETS VETERINARY CLINIC** may assume that the pet is abandoned and **PELLA PETS VETERINARY CLINIC** is authorized to find arrangements for the pet as deemed best and necessary at the owners' expense.

SIGNATURE _____ DATE _____