**North Roswell Veterinary Clinic**
**Boarding Agreement**

Date Today_____ Date of Pick Up_____ Estimated time of pick up_____

Owner Name_____ Pet(s) boarding_____

**EMERGENCY CONTACT PERSON(S) AND PHONE NUMBER(S)**

Name_____Phone #_____

Provided own food_____Use Kennel Food (Purina ProPlan gastro Dry)_____

**Feeding Instructions**_____

**Medication Instructions**_____

**SERVICES REQUESTED DURING YOUR PET'S STAY**

Please indicate and additional services that you would like while your pet is boarding:

____Physical Exam/Checkup
____Heartworm test
____Other_____
____Nail Trim
____Intestinal Parasite (Fecal) Exam

**OUR VACCINATION POLICY:** To ensure the protection of all pets under our care the following vaccinations must be current

| | | | |
|---|---|---|---|
| DOGS: | DHLPP (Distemper) | CATS: | FVRCP-P |
| | BORDETELLA (Kennel Cough) | | RABIES |
| | RABIES | | |
| | CIV (Canine Influenza) | | |

**INT**._____ In accordance with the above policy, I understand that North Roswell Veterinary Clinic will perform a physical exam and update my pet's vaccines as needed.

**INT.**_____I understand my animal may be treated as necessary for the removal of external parasites.

**MEDICAL ILLNESS POLICY:** some of the advantages of boarding your pet at North Roswell Veterinary Clinic are that we have your pet's medical history on record and veterinary attention is readily available should the need arise. If your pet becomes ill and needs medical attention, we will call the emergency contacts listed above regarding your pet's symptoms and treatment options.

**INT**._____ In case of emergency or perceived illness I understand that services will be performed for the best care of my pet until someone can be reached. This includes non-elective treatments and necessary diagnostics. I understand any additional treatments or procedures performed while my animal is boarding at North roswell Veterinary Clinic will be at the owner's expense.

_____ _____ _____
Signature of Owner or Agent Date Witness