



Animal Hospital of Pasco

3012 N Road 92
Pasco, WA 99301

(509) 545-9949
www.pascovets.com

Boarding Agreement

Form P-124
Rev. 2/12/2016

When scheduling date and time of pick-up, please keep in mind that the Animal Hospital of Pasco is open from 9:00 AM to 6:00 PM Monday through Friday, 9:00 AM to 12:00 PM on Saturdays, and closed on Sundays and major holidays.

Date of drop-off	Date of pick-up	Time of pick-up <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Number of pets you will be boarding
------------------	-----------------	--	-------------------------------------

CLIENT INFO

Owner's first name	Owner's last name	Phone number
Emergency contact name(s) and phone number(s)*		

* Important: Your emergency contact(s) must be at least 18 years old and capable of making decisions regarding the health of your pet(s). You will be responsible for charges incurred as a result of their instructions.

PATIENT INFO

Name of pet to be boarded	Species/breed of pet	Pet's age (approximate)
Name of second pet to be boarded	Species/breed of second pet	Pet's age (approximate)
Name of third pet to be boarded	Species/breed of third pet	Pet's age (approximate)
Pet's belongings (carriers, toys, collars, etc.)		
Special instructions (include detailed medication directions, feeding instructions, and/or anything you'd like the doctor to check for)		

Vaccination Policy

To ensure the protection of your pet's health and the health of other patients under our care, your pet must be current on certain vaccinations during its stay. For dogs, this includes rabies, DA2P/CPV (distemper/parvo), and bordetella ("kennel cough"). For cats, this includes rabies and FVRCP (feline distemper complex). You may be required to provide proof that your pet is free of internal parasites. If proof of vaccination cannot be provided at accession your pet may be vaccinated at your own expense. Pets with external parasites (e.g. fleas, ticks) may be treated at the owner's expense.

Medical Attention Policy

If your pet develops a condition that requires medical attention we will call the telephone number(s) you have provided above regarding your pet's symptoms, treatment options, and estimate of additional costs. However, in case no one can be reached at the number(s) provided above, please indicate your wishes below.

- 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 treatment and necessary diagnostics.
- I authorize up to (check one or indicate amount) \$ _____ \$150 \$250 in medical care for my pet(s) until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.
(Basic life-saving measures may still be taken by our staff if necessary.)

Please be aware that outside of regular business hours there may be periods during which no staff are on the premises to monitor boarded pets.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the indicated pick-up date. If circumstances change, I will notify the veterinarian of a new pick-up date. I understand that I assume financial responsibility for all services rendered, and that payment in full is due on the date of pick-up.

Signature of Owner/Agent for Pet(s)

Date