

BOARDING AGREEMENT

COAL RIDGE ANIMAL HOSPITAL

6171 WCR 20

Longmont, Colorado 80504

Telephone: (303) 833-1137

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

Owner _____ Home Phone _____

<u>Bath</u>		<u>Medications</u>	
Yes	No	Yes	No

Pet(s) Boarding _____

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Carrier, Toys, etc.) _____

Special Instructions-Include detailed medication directions, feeding instructions, and anything you wish the doctor to check for: _____

VACCINATION POLICY

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

DOGS: Rabies, DHPPC & Bordetella CATS: Rabies & FVRCP

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

**Please call if ANY problems arise. (not eating, diarrhea, or kennel cough) YES NO

*A kennel bath may be given to any dog, if a Doctor deems it necessary.

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)