

Acct# <number>

VETERINARY BOARDING AGREEMENT:

Owner: _____ Date: _____

Pets Boarding: _____

Person(s) to contact in case of emergency:

Name: _____ Ph #: _____

Name: _____ Ph #: _____

Name: _____ Ph #: _____

FOR YOUR PET'S HEALTH:

Our Vaccination Policy: To ensure the protection of all pets under our care, the following must be up to date:

DOGS: L4DA2PPC (Distemper)
Rabies Parvo
Bordetella (Kennel Cough)
Combo Influenza

CATS: Feleuk (Leukemia)
FVRPC (Distemper)
Rabies

I give my permission for Animal Medical Center of Baytown to update my pet's vaccinations in accordance with the above policy. I further consent to flea treatment for my pet upon admission to the kennel if deemed necessary by the staff.

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional cost. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

DO: _____ 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 any necessary diagnostics.

DO NOT: _____ Please **DO NOT** administer any medical treatment until specific authorization is given.

I fully intend to pick up my pet on or around the pre-arranged date specified. If circumstances change, I will notify Animal Medical Center of Baytown for a new pick up date.

(Owner or Agent for pet(s))

Date