

Cranston Animal Hospital



Boarding Agreement

Owner: _____

Pet: _____

Check in date: _____

Check out date: _____

Feeding instructions:

Brand of food:

Time of feeding(s):

Amount offered:

Snacks offered:

If your pet is on medication, please specify the medications/ dosage(s)/times given:

Pet belongings:

Special instructions:

For your Pet's health

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

❖ **Dogs:** Rabies, Distemper/Parvo, Kennel cough, Influenza H3N8, Influenza H3N2 and a stool exam within the last 6 months

❖ **Cats:** Rabies, Distemper and a stool exam within the last 6 months

If my pet(s) are not up to date or I am unable to provide proof of vaccination, I give permission to update my pets(s) vaccines

I understand that my pet(s) will be treated for ticks/fleas if ticks/fleas are found on my pet(s) while boarding

Medical illness policy

❖ If your pet(s) become ill while boarding we will call the emergency contacts regarding your pets(s) symptoms, treatment options and estimate of costs. If no one can be reached, please indicate your treatment preferences

Perform treatment that the veterinarian 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) \$100 \$200 \$ _____ until someone can be reached

Do not administer any medical treatment until someone can be reached

Emergency contacts:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

I have read and understand this agreement. I intend to pick up my pet(s) on the above date, if I am unable to I will contact the officeto update the pickup date of my pet(s).

Signature: _____ Date: _____