

# Boarding Agreement

*If submitting this form within 24 hours of your scheduled appointment, please print page and bring*

Reservations For (Pet's Name): \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Medications to be administered: \_\_\_\_\_

\_\_\_\_\_

Does your pet need any of the following?

\_\_\_\_\_ Vaccinations \_\_\_\_\_ Grooming \_\_\_\_\_ Bath & Dip

\_\_\_\_\_ Special Food (If so, name of food \_\_\_\_\_)

Other: \_\_\_\_\_

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All animals entering the hospital must be current on all vaccinations and free of fleas and ticks. If they vaccinations, they will be treated at the owner's expense.

Fees are charged on a per day basis, meaning that you will be charged for the day you drop off as well as picked up before 9:00 AM.

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I authorize the veterinarian to do whatever is necessary should an emergency arise, and to include transport pick up my pet on the above check-out date. If failure to do so, a \$5.00 per day charge will be assessed each day that my pet stays past the above check-out date.

My pet will be considered abandoned if I fail to recover my pet within 10 days past the check-out date Parkway Animal Hospital to dispose of my pet as deemed professionally necessary.

If you are a new client, payment is due prior to admitting your pet; otherwise it is due upon release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

