

LAKE AREA ANIMAL HOSPITAL BOARDING AGREEMENT

Emergency Contact Number _____

Thank you for choosing Lake Area Animal Hospital to care for your pet while you are away. Please note, all pets who become ill while boarding will be treated by our attending veterinarian at the client's expense. We will try to contact you at the emergency contact number to discuss any illness that may arise.

Vaccinations and Parasite Control: To ensure that both your pet and the other boarders are protected, we require that they are current on vaccinations and flea and parasite control. We require proof of all vaccinations. The required vaccinations are DOGS: DA2PPV, Bordetella, and Rabies. CATS: Feline Distemper, Leukemia, and Rabies. If needed, some vaccines may be given at the time of boarding, others require a 2 week waiting period for the vaccine to take effect before boarding is allowed. If your pet has evidence of fleas or internal parasites, we will treat them accordingly.

MEDICATIONS:

NAME OF MEDICINE _____

DOSEAGE AND FREQUENCY _____

WHEN WAS LAST DOSE GIVEN: _____

DID YOU PROVIDE MEDICINE FOR PATIENT: _____

(IF MEDICINE RUNS OUT, WAS NOT PROVIDED, OR INSULIN SYRINGES ARE NEEDED A FEE WILL BE CHARGED TO FILL.)

Pick up date : _____

Signature

Date