

San Gabriel Animal Hospital
 1911 N. Austin Ave.
 Georgetown, Texas 78626
 512-863-7502
Boarding Agreement

Today's date _____ Date of pick-up _____ am _____ pm

Owner _____

Pet(s) Boarding	<u>Bath</u>		<u>Medications</u>		
1. _____	Y	N	Y	N	AM or PM
2. _____	Y	N	Y	N	AM or PM
3. _____	Y	N	Y	N	AM or PM

Person to contact in case of emergency _____

Emergency phone number(s) _____

Pet's belonging's (toy's, carrier, etc.) _____

Special instructions including any medication, feeding or anything you would like the doctor to check on for you. _____

Vaccination Policy:

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

<u>Dogs</u>	<u>Cats</u>	
_____ Rabies (1-3yrs)	_____ Rabies (1-3yrs)	*If not up to date or unable to provide proof of vaccinations and fecal, I give my permission to update my pet(s) vaccinations.
_____ DHLPPC (1yr)	_____ FVRCP (1yr)	
BORDETELLA: _____ Intranasal (6m) _____ Injectable (1yr)	_____ Fecal Exam (1yr) _____ FELUK (optional)	*In addition, if any fleas/ticks are observed on my pet(s) while boarding, he/she will receive flea/tick treatment at my expense.
_____ Fecal Exam (1yr)	_____ FIP (optional)	*I also agree to pay any aggression fees or clean-up baths charged to my account due to my pet(s)'s behavior.

I would like to take this opportunity to microchip my pet Yes No

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) become ill, we will call the emergency number(s) listed above regarding your pet(s) symptoms, treatment options and estimation of additional cost. 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(s) until someone can be reached. (This includes only non-elective treatments & necessary diagnostics)

_____ I authorize up to (check one amount) ___ \$100 ___ \$200 ___ \$other

_____ Do not administer any medical treatment until specific authorization is given.

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 veterinary office of a new pick up date. If I neglect to pick up my pet(s) within 5 days of pick up date, you may assume that the pet is abandoned and are authorized to proceed accordingly.

Receptionist/Staff

Owner/Agent for pet(s)

Date