

Southside Veterinary Clinic

Pet's name _____
Breed _____ sex _____ age _____

Owner's name _____

Boarding dates _____ to _____

The doctor and staff at Southside Veterinary Clinic are pleased that you have chosen our facility to board your pet(s) while you are away. Rest assured that your pet's health and best interest are our primary focus. With this in mind, **please take the time to read and fill out the following information.**

1

VACCINATIONS ARE REQUIRED TO BOARD YOUR PET. Please list the date, location and phone number of the place your pet was last vaccinated.

Date _____ Location _____ Phone _____

I understand that if ***proof*** of up-to-date vaccinations is ***not present***, SVC will give the required vaccinations for boarding (Dogs:DAP/BORD/FLU/RV,Cats:FVRCP/RV).

_____ (initials)

I understand that in the event of an illness or emergency with my pet(s), Southside Veterinary Clinic will exhaust every possibility to contact me immediately.

In the event of an emergency (i.e. life threatening) if I cannot be reached at any of the numbers below, I want my pet(s) to be treated.

_____ YES _____ NO

Should an illness arise during my pet(s) stay I want my pet to be treated (i.e. coughing, diarrhea, vomiting). _____ YES _____ NO

I **DECLINE** all medical treatment (except required vaccinations) for my pet while boarding at Southside Veterinary Clinic and I will not hold the clinic responsible should any health problems arise which were beyond clinic's control (i.e. seizures, stroke, vomiting, diarrhea, etc.) _____ (Initial only if you decline treatment)

I understand that my pet(s) will be treated for fleas/ticks at my expense if they are detected. _____ (initials)

I understand that if I anticipate my pets' stay may/will exceed 21 days, I am required to pre-pay at least 50% of the boarding charges.

_____ (initials)

I would like my pet to receive the following services:

Bath _____ YES _____ NO (Bath only, no grooming \$10)

Toenail Trim _____ YES _____ NO \$10

Leash Walked _____ YES _____ NO \$2 per day

Special needs while in our care:

Medications (name and dose)

(\$2 extra per dose given) Start medications ___ This morning ___ This evening ___ Other _____

Other needs or food instructions _____

Cell phone or destination number: _____

Emergency Contact number: _____

Signature _____ **Date** _____

Items being left with my pet are (please permanently label)

Vaccination Schedule

Canine

DAP _____

Rabies _____

Bordetella _____

Canine Influenza _____

Feline

FVRCP _____

Rabies _____