AM/PM BOARDING AGREEMENT

2239 South Lamar Blvd Austin, TX 78704
(512)448-2676 fax (512) 448-4190

Owner's Name: _____Date: _____Time*:_____

Patient's Name: _____
(Breed) (Color)

Pick-up date and time*:_____

In an emergency, contact:_____Phone:_____

Current on vaccinations? Yes ____ No ____ Date last done/due by:_____

Diet: (quantity and times)**_____

Is your pet(s) on any daily medication? Yes ___ No ___ If so, fill out other side of this form

Special instructions:_____

In order to protect all of our boarders, your pet must be current on all vaccines.

Canine:	**Feline:**
Bordatella: 6 mo. or year	FVRPCP: once a year
DHPP: once a year	Rabies: 1 or 3 year vaccine
K9 Influenza – 1 year	
Rabies: 1 or 3 year vaccine	

If your pet is not current on vaccines we may require an examination ($51) to vaccinate them at time of drop-off. Treatment will be administered to any pet showing excessive signs of external or internal parasites (fleas, intestinal worms, etc). Any additional charges for the vaccines or other procedures with be added to your discharge invoice.

Be aware, if while boarding a medical issue arises with your pet (i.e. diarrhea, vomiting, etc.) an exam ($51) will be performed and we will attempt to contact you regarding our findings and recommended treatment. If unable to contact you, it will be up to the doctor on duty's discretion as to whether the treatment can be postponed until we can reach you. The exam fee and any charges incurred as a result of the medical issue will be added to your invoice at time of pick up. _____ ***(Owner's Initials)***

Boarding Fees (per night):

Feline = $24.00 Canine (<70#) = $31.00 Canine (>70#) = $41.00
Boarding w/ medications= additional $9.00 per night

* One standard boarding day begins at noon on day one through 7pm on day two. If you drop off before noon or pick up after 7pm, there will be an additional day charge.
** If your pet is on a prescription diet and food is not provided by you, you will be charged the normal sale price on full bags or cans. You will be sent home with the remainder if any is left.

I understand that my animals will be housed in separate quarters, unless otherwise specifically requested by me and that reasonable precautions will be used to prevent injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop with my pet(s) and will be treated as deemed best by the staff of veterinarians and I assume full responsibility for the treatment expense incurred.

_____
Signature of owner or responsible party Date