

BOARDING AGREEMENT

Horizon Veterinary Clinic

601 Greenway Rd.

Henderson, Nv 89002

Today's Date _____ Date of Pick-Up _____

Owner _____

Pet(s) Boarding _____

Person to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's Belongings (carrier, toys, ect) _____

Special Instructions- Include detailed medication instructions, feeding instructions, and anything you would like the Doctor to check for: _____

FOR YOUR PET'S HEALTH

VACCINATION POLICY

To insure the protection of all pets under our care, the following **MUST** be up-to-date. Does your pet need any of the following vaccinations (Please check if needed)?

DOGS: _____ Rabies _____ Da2pp _____ Bordetella

CATS: _____ Rabies _____ Fvrpc _____ Felv

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy.

MEDICAL ILLNESS POLICY:

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is available if your pet should become ill. If your pet needs medical attention we will attempt to contact you. If we are unable to contact you, we will treat your pet as necessary. There may be expenses incurred with the treatment of you pet. The owner of the pet will be responsible for any expenses. Please be aware your pet(s) will be unsupervised during our normal closed hours.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above date. If circumstances change, I will notify Horizon Veterinary Clinic of any changes.

_____ Date

_____ Signature of Owner or Responsible Party

_____ Print Name