

Boarding Agreement

Aerowood Animal Hospital

Client's Name _____ Date _____

Emergency Contact/Relationship _____ Phone _____

Other Contact/Relationship _____ Phone _____

Pet Name(s) _____

Pet's Belongings (carrier, toys, food, medications, etc...)

Special Instructions – Include detailed feeding and medication instructions _____

Are there any other services you would like performed while your pet is here? (bath, toe nail trim, exam, prescription refill) Do you have a Doctor preference? _____

Pick-up date/time: _____

Boarding fee _____ per calendar day / Medication fee _____ per calendar day / Estimate for other requested services _____

Medical Illness Policy

If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. 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 until someone can be reached. This includes only non-elective treatments and necessary diagnostics. It is absolutely imperative that we be able to contact you should a significant emergency occur with your pet. If you cannot be reached, we will perform whatever measures are necessary, including surgery, unless specific wishes to the contrary are listed below.

Aerowood Animal Hospital is not responsible for lost or damaged belongings you have chosen to leave with your pet. This includes but is not limited to leashes, collars, toys, beds, clothes, blankets, food dishes and food.

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 Aerowood Animal Hospital of a new pick-up date.

Owner signature _____

Date _____