**Boarding Agreement**

Sigman Veterinary Clinic

10257 Highway 142 North

Covington, Georgia 30014



Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please list a phone number where you can be reached when out of town*

Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed/Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs must be UTD on Rabies, DHPP/DHLPP, Bordetella. Cats must be UTD on Rabies and FVRCP. All pets must be free of external parasites. If external parasites are found on your pet today they will be treated at the owner’s expense.

**Emergencies In case of major medical concerns or illness every attempt will be made to contact you or your emergency contact at the numbers provided on this form as soon as possible.**

*In the event that medical care is needed for your pet, please let us know how to proceed.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this contact have permission to make medical decisions on your behalf if we are unable to reach you? **YES NO**

**Treatment:**

\_\_\_\_\_\_\_\_\_\_ I authorize Sigman Veterinary Clinic to perform whatever treatments are necessary and accept full financial responsibility for all charges related to the treatment of my pet.

\_\_\_\_\_\_\_\_\_\_ I authorize up to a certain $ amount in medical care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ DO NOT administer medical treatment until authorization is given, unless denying treatment prolongs suffering to my pet and I cannot be contacted within 1 hour. I then authorize Sigman Veterinary Clinic to treat my pet according to the on-duty veterinarian’s recommendations up to and including euthanasia. I will accept full financial responsibility for all charges.

*Any health condition observed with your pet deemed non-emergent will be noted and discussed with you upon pick up.*

**Drop Off Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Date:\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_**

*Arrangements for after hours pick up must be made ahead of time. Payment will be due at drop off if picking up after hours.*

**Feeding** *We feed Purina Pro Plan EN diets in our kennel. We are happy to feed other diets and encourage you to bring your pet’s normal food during their stay with us. Please write your pet’s name on any containers/bags.*

Normal Diet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount per feeding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last fed:\_\_\_\_\_\_\_\_\_\_\_

Times of Day Fed: AM Only PM Only AM & PM Have you brought your own food/treats? YES NO

**Medications**

Is your pet currently on medication? This includes prescription, over the counter, & supplements YES NO

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose/Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose:\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose/Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose:\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose/Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose:\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet experienced any vomiting, diarrhea, coughing, or sneezing in the last 14 days? YES NO

Does your pet have a history of seizures? YES NO

Medical Alert:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Belongings** *We provide every pet with comfy bedding and bowls. We encourage you to leave personal belongings at home. Items left MUST be labeled with the client’s last name. We are not responsible for lost or damaged items and do not guarantee the return of personal belongings. Toys will not be left with pets overnight for their safety.*

**Dogs** *I understand that SVC does not have an outside fenced enclosure and that my dog will be walked on a leash 3 times per day during normal business hours. I understand that the staff of SVC will not attend to boarded/hospitalized animals beyond regular business hours.* Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASONABLE PRECAUTIONS WILL BE USED AGAINST INJURY, ESCAPE, OR DEATH OF THIS PET. SIGMAN VETERINARY CLINIC AND STAFF WILL NOT BE HELD LIABLE. I UNDERSTAND ANY PROBLEMS THAT DEVELOP WITH MY PET WILL BE TREATED AS DEEMED NECESSARY BY THE VETERINARIANS AND I ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Owner Date

Please circle other services you’d like performed while your pet is boarding. Additional fees apply.

Nail Trim ($22) Bath\* Ear Cleaning\* ($19.10) Anal Gland Expression ($23.85)

\* Bath price dependent on pet’s weight. Sorry, we do not bathe cats.

\* If an ear infection is found while cleaning ears, an exam and medications may be recommended.