

# ***Barfield Animal Hospital Boarding Agreement***

Today's Date: \_\_\_\_\_ Date of Pick Up: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Pet(s) will be boarding in:  
Run            Cage            Sharing Run            Sharing Cage

Person to Contact in Case of Emergency: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Pets Belongings*** (Carrier, Toys, etc. Please be specific): \_\_\_\_\_  
\_\_\_\_\_

***Special Instructions:*** Including medications (medicated boarder sheet), feeding directions, bath or grooming (grooming sheet), and anything you want the vet to look at while your pet is here.

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

Is there anything we should know about your pet (fears, habits, etc.): \_\_\_\_\_

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

Do you want your animal to play with others:      Yes            No

**Attention:** If your pet is boarding with us for 3 or more nights he/she is eligible for a 50% discounted bath prior to going home (this does not include grooms). Would you be interested in having your pet bathed (please circle):    Yes    No            If **yes** what day/date \_\_\_\_\_

### **Vaccination Policy:**

To insure the protection of all animals under our care, the following must be up to date. Please give the dates of vaccinations and clinic name where vaccines were give, so that we may verify information.

Dogs: \_\_\_\_\_ Rabies      \_\_\_\_\_ DHPPC      \_\_\_\_\_ Bordetella      \_\_\_\_\_ Fecal

Cats: \_\_\_\_\_ Rabies      \_\_\_\_\_ FVRCCP      \_\_\_\_\_ Bordetella      \_\_\_\_\_ Fecal

*\*If all vaccinations are not up to date, or you cannot provide paper proof that they are current, then we will have to administer them. The cost of the vaccinations will be added to your bill.*

*\*\*In addition, if there are any fleas or ticks observed on your pet they will be treated at your expense.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_