

Boarding Record

Date in: _____ Date out: _____

Medications: Yes No

Sharing Kennel Yes No

Belongings: _____

Kennel Food Own Food Amount: _____ Frequency: _____

Would you like your pet to play with others: Yes No

Additional Services: _____

EX: Grooming, Bath, Veterinary Exam, Etc....

*Animals are required to be current on the following vaccinations. Canines will need DHPPC, Rabies, 6 month Bordetella, and a fecal. Felines will need FVRCP, FELV, Bordetella, Rabies, and a Fecal. All Animals must be flea and tick free, if fleas/ticks or other external parasites are noted, your pet will be treated at your cost.

Emergency Contact: _____ Number: _____

*If my pet(s) condition changes while boarding at Barfield Animal Hospital and I or my emergency contact cannot be reached, I give permission to the doctors at Barfield Animal Hospital to treat as they see fit and I will be responsible for all charge incurred.

| Date: | | Bowel Movements | Urinations | Activity/ Attitude | Appetite | Comments |
|-------|----|-----------------|------------|--------------------|----------|----------|
| | AM | | | | | |
| | PM | | | | | |
| | AM | | | | | |
| | PM | | | | | |
| | AM | | | | | |
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| | AM | | | | | |
| | PM | | | | | |

I acknowledge and understand that Barfield Animal Hospital (BAH) and its owners and staff pledge to provide appropriate care to all pets boarding at their facility yet cannot guarantee the health of any animal. I agree to hold this facility (and its owners and staff) harmless for conditions that are often unavoidable in boarding environments, including, but not limited to; destruction of personal property, weight loss or gain, rough hair coat, upper respiratory infections, strained vocals, diarrhea, chipped nails/teeth, and external parasites.

I accept that my pet might exhibit excitement, aggression (known or unknown) while around other animals or behavior that could potentially results in injuries, to him/her-self. In the rare occurrence that my pet(s) is injured or becomes ill while boarding, I assume the risks of, and responsibility for, the costs to treat any injuries and or illnesses my pet(s) sustains while boarding at this facility. I further understand and accept, in the absence of gross negligence by BAH staff, that I will not hold the owners or staff as being liable for any injuries or deaths related to my pet(s) boarding at the BAH facility

Owner Signature _____

Date: _____

****Please note that pets requiring separation to feed will be charged as separate boarders and not as shared boarders****