



Name _____
Pets Name _____
Address _____

Dates of Pet's Stay and Approximate time of pick-up: _____

Vaccines

In order to protect the health of your pet, Bluebonnet Animal Hospital requires documentation showing that all boarding dogs have current rabies, DA2PP, and Bordetella vaccines, and cats have current rabies and FVRCP vaccines. If any of your pets' vaccinations are past due, they must be vaccinated before boarding and will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

Diet

We feed a high-quality dry diet to meet the nutritional needs of your pet. Please indicate the food to be fed and then specify whether your pet eats dry food only, canned food only, or both, and the number of times your pet is fed each day.

Food _____
Amount of food fed per day Dry _____ Canned _____ Both
Frequency of feeding: _____ a.m. _____ p.m. Both

We will be pleased to feed another commercial or prescription diet of your choice if you bring it with you. Please provide special feeding instructions:

Medications

If your pet will be receiving medication during his or her stay, it must be in the **original veterinary-labeled container with instructions** for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Veterinary Care:

Is there anything additional that you would like the Doctor to examine while your pet is staying with us? (There is an additional exam fee): _____

Statement of Boarding Policy

1. Boarding is charged by the night; no matter what time your pet is admitted or released.
2. Pets must be picked up during regular business hours. Discharges after hours are not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. If my pet identified on this record become ill, I request Bluebonnet Animal Hospital to provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Additional services requested: _____

_____ I

agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Authorized Agent

Date

Phone Number(s) where Owner can be reached: (____) _____
(____) _____

Items brought with pet (leash, carrier, medication, food, etc):

