

BETHANY VETERINARY HOSPITAL BOARDING AGREEMENT

(Please fill out one form per pet.)

Pet Name: _____ Date: _____

Owner Name: (First) _____ (Last) _____

DROP OFF & PICK UP HOURS: Mon & Thurs 9 am-7:30 pm; Tues-Wed-Fri 9 am-5:30 pm
Sat 9 am-2 pm; Sun closed (sorry, no pick-ups or drop offs)
Pick ups after 12 pm are charged for an additional day

Food: Did you bring your own food? YES NO
How often does your pet get fed daily? ONCE TWICE FREE FEED
Amount per feeding: Dry _____ Canned _____
Other (treats, etc.) YES NO How many per day? _____

Personal Belongings: _____

Every effort will be made to have your pet's toys, bedding, etc. kept with them during their stay here. Bedding will be used if space is adequate. In addition, we reserve the right to limit toys, bedding, etc. if we have any concerns.

Vaccinations: All dogs must be current on Distemper/Parvo, Rabies and Bordetella vaccinations. Cats must be current on FVRCP and rabies. Vaccines current : YES NO Initial (staff) ____
Over-due required vaccines will be administered by BVH during your pet's stay at the client's expense.

Fecal Examination: All dogs must have a negative fecal completed in the past 6 months.
If a fecal has not been done in the past 6 months, then one will be performed during your pet's stay (if possible) at the client's expense.

Medications or Supplements: Is your pet currently taking medications? YES NO

Medication	Dose	How Often (if once daily, am or pm)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

There is an additional daily charge for the administration of medication. If your pet needs medication after hours, special arrangements need to be discussed prior to leaving your pet.

Flea/Tick Prevention: Is your pet currently receiving any flea/tick preventative? YES NO
Last applied or administered: _____

If fleas or ticks are found your pet, for the protection of all pets in the hospital, Frontline (topical) will be applied or Capstar (oral) will be administered at the client's expense.

Signature, Owner or Authorized Agent

Date