

# **Rock Bridge Animal Hospital BOARDING AGREEMENT**

5095 S. Providence Rd - Columbia, MO 65203

Phone (573) 443-4501 Fax (573) 443-2508

|          |             |
|----------|-------------|
| Name:    | Pet's Name: |
| Address: | Species:    |
|          | Breed:      |
|          | Color:      |

**\*Any vaccines not current must be given upon arrival for boarding\***

Written proof of vaccinations or verification with a veterinarian must be provided prior to boarding.

Is Pet current? (DAPP, RV, Bord, Fecal for Dogs; FvRCP, RV for cats)  Yes  No Staff Init. \_\_\_\_\_

Please initial giving permission to perform the following (Cross out declined services):

\_\_\_\_\_

\_\_\_\_\_

Yes  No Own food: \_\_\_\_\_ Quantity/day \_\_\_\_\_

Yes  No Medications required? \_\_\_\_\_

**\*There will be an additional fee of \$ 1.25/day for administering oral or topical medication and \$ 6.11/day for injections\***

Yes  No Would you like your pet to receive a bath, ear cleaning and nail trim for 34.88? (After 7 nights of boarding your pet will receive a complimentary bath – nail trims excluded)

Yes  No Would you like us to call you if we notice a NON-emergency medical condition? If no, you approve treatment for minor urgent conditions, such as diarrhea, limping or wounds up to \_\_\_\$50 \_\_\_\$100 \_\_\_\$\_\_\_\_\_ prior to contacting, \_\_\_Treat regardless of expense, \_\_\_ Call 1st

List personal belongings: \_\_\_\_\_

**ALL BELONGINGS MUST BE LABELLED WITH PERMANENT MARKER**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**If parasites are found on your pet during the stay, they will be treated as deemed appropriate by the veterinarian, and the cost of the treatment will be added to the total bill.**

**\*\*Prior arrangements will need to be made should someone else need to pick up the pet\*\***

Yes  No I give permission for my pet to be picked up by \_\_\_\_\_

Pick up date & time: \_\_\_\_\_ AM/PM **\*\*We are closed from 12-2 pm on Wed.\*\***

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

Responsible party \_\_\_\_\_ Date \_\_\_\_\_

Staff member \_\_\_\_\_ Date \_\_\_\_\_

Staff: Flea  \_\_\_ Wt \_\_\_ Proced  \_\_\_ Food/Meds  \_\_\_ Med\$  \_\_\_ Bath  \_\_\_ Sun p/u  \_\_\_