



BARTLETT ANIMAL HOSPITAL

BOARDING AGREEMENT

Drop-off Date: _____

Pick-up Date: _____ AM ___ PM ___

I understand that, for pick-ups not during regular business hours, I will be called at or around 8am for morning pick-ups or at or around 6pm for evening pick-ups. Bartlett Animal Hospital does not guarantee that a worker will be present to release your pet if you stop by before being called.

| Pet(s): _____ | Bath?* | | Medications _____ |
|---------------|--------|-------|----------------------|
| | Yes | No | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*Baths are complimentary if your pet(s) are staying 7 days or more. Pet(s) will not be bathed regardless of length of stay unless requested by owner.

Emergency Contact(s)

Owners(s): _____ Phone#() _____

Other: _____ Phone# () _____

Pet's Belongings (carrier, leash, blanket, etc.): _____

Special instruction (include detailed medication/feeding directions and anything your pet needs checked or done while boarding):

We require that your pet be current on vaccinations at the time of boarding. For dogs, this includes **Distemper booster complex, Bordetella (Kennel cough), and Rabies**. For cats, **Feline Booster complex and Rabies**. In order for your pet to have optimal protection against diseases for which we require, they should receive them **at least two weeks before boarding**.

If your pet becomes ill or injured while boarding and we are unable to reach you quickly, please indicate how you wish us to proceed with emergency medical care:

- _____ Please do whatever is necessary for the best care of my pet until someone can be reached. This excludes elective treatments.
- _____ I authorize up to \$100___ \$250___ Other\$ ___ in medical care until someone can be reached.
- _____ Do not administer any medical treatment without specific authorization from one of the owners or those specified here: _____

I understand that delayed medical care in the case of an emergency could lead to the death of my pet and release Bartlett Animal Hospital and its agents from liability should this occur.

I fully intend on picking up my pet(s) on the date specified and will notify the hospital immediately if I will be delayed in my return.

Owner or Agent for Pet(s)

Date