

Piedmont Pets Veterinary Care, PLC

Boarding Agreement

Date: _____ Date of Pick Up: _____ AM - PM

Owner: _____

Pet Name

Bath

Medication*

<u>Pet Name</u>	<u>Bath</u>	<u>Medication*</u>

***There is an extra charge per day per pet for the administration of medication.**

Medication directions: _____

Special Instructions: _____

Pet's Belongings (carrier, toy, leash): _____

Person(s) to contact in case of emergency: _____

FOR YOUR PET'S HEALTH

Pets being boarded in Piedmont Pets Veterinary Care need to have currently active or receive medication for the control of fleas.

Our vaccination policy: To insure the protection of all pets under our care, the following Vaccinations must be up to date:

Dogs: DHLPP (Distemper)	Cats: FVRCP (Distemper)
BORDATELLA (Kennel Cough)	FELV (Leukemia)
RABIES	RABIES

I give my permission for the Piedmont Pets Veterinary Care to update my pet(s) Vaccinations, and apply a flea product if needed.

I have read and understand the information provided above.

X _____ Date: _____

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s), listed on page one of this agreement, regarding your pet's treatment options, and an estimate of additional costs. If no one can be reached, however, **please indicate your wishes below** should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition. Any condition which could affect the wellness of other patients will be treated at owner's expense.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.
- I authorize up to (circle one) \$100.00 \$250.00 Other:\$ _____
In medical care for my pet until someone can be reached.
- Do not administer medical treatment until specific authorization is given.

If I neglect to pick up my pet within 5 days of the date below and do not notify the clinic within that time frame, Piedmont Pets Veterinary Care will assume the pet is abandoned and are hereby Authorized to dispose of the pet as they deem best and/or necessary for the well-being of the pet(s).

Owner/Authorized Agent: _____ Date: _____