

Seaside Pet Clinic

900 24th Avenue, Seaside, Oregon 97138

Ph.: (503) 738-8846

Boarding Agreement

Name: _____ Phone: _____

Date: _____ Date/approximate time of pickup: _____

Pet(s) Boarding: _____ Medications: yes ___ no ___

_____ Medications: yes ___ no ___

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How often and how much do you feed your pet on a daily basis? _____

_____ (Please initial) If your dog(s) is a constant barker(s) while boarding (as determined by the medical staff), they will be tranquilized at a cost of \$10.00 per day per pet.

Person and phone number to contact in case of emergency: _____

Pet's belongings (carrier, toys, etc.) _____

PLEASE NOTE: No glass dishes or unwashable bedding will be allowed in with your pet.

FOR YOUR PET'S HEALTH

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

Dogs: DA2PP, Kennel cough (bordetella), Rabies

Cats: FVRCP, Rabies

_____ If we can't verify your pet's vaccine status, we will not board your pet. In order to keep our hospital flea free, every pet will receive a complimentary Capstar tablet when they arrive. This tablet will kill any fleas that may be on your pet.

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet(s) here is the readily available medical attention provided if the need arises. If your pet(s) becomes ill, we will call the emergency number listed. If no one can be reached, please indicate your wishes below should your pet(s) require treatment.

Are there any current medical problems? If so, please list: _____

_____ Please perform whatever services necessary for the best care of my pet(s) until someone can be reached. This includes only non-elective treatment and needed diagnostics.

_____ I authorize up to: ___\$100 ___\$250 ___other \$_____ in medical care for my pet(s) until someone can be reached.

_____ Do not administer any medical treatment until specific authorization is given.

FOR YOUR PET'S COMFORT

For the comfort of your pet, we can also provide massage, bottled water, and grooming at additional costs. If you are interested in any of these services, please talk to our customer care coordinator.

I fully intend to pick up my pet(s) on the above date specified. If circumstances change, I will notify the clinic of a new pick up date.

Signed _____ Date _____