



**HIGHLAND ANIMAL HOSPITAL
BOARDING AGREEMENT**

Owner's Name, Address and Phone # _____

Check In Date: _____

Check Out Date: _____

Before 1:00 pm [] After 1:00 pm []

Pet's Name: _____

Gender: _____

Species: _____

Breed: _____

Color: _____

Emergency Contact Person _____ Phone: _____

SPECIAL INSTRUCTIONS
(TO BE COMPLETED BY OWNER)

1. WILL YOUR PET NEED MEDICATIONS WHILE BOARDING?* YES [] NO []

MEDICATION STRENGTH ADMINISTRATION INSTRUCTIONS

* If medications are required and are not provided by the owner, or are provided in an insufficient amount, a prescription refill fee will be added to the boarding bill.

2. DIET (If other than Science Diet) _____

3. WILL YOUR PET NEED A PHYSICAL EXAM WHILE BOARDING? YES [] NO []

4. SERVICES REQUESTED WHILE BOARDING:

- Brush Teeth Daily []
- Trim Nails []
- Empty Anal Glands []

- Extra Play-Periods Per Day []
- Clean-Up Bath Prior to Check-out []
- (Sorry, short haired dogs only, at the discretion of the kennel attendants)*

5. WOULD YOU LIKE YOUR DOG TO HAVE INTERACTIVE PLAYTIME WITH OUR OTHER GUESTS? YES [] NO []

Personality permitting, socialization can be a high point in your pet's stay with us. It can provide both mental and physical stimulation. Please bear in mind that even with the most attentive supervision, incidents can occur which may result in the need for medical attention. By requesting playtime for my pet, I accept full financial responsibility for any medical treatment provided.

TO BE COMPLETED BY KENNEL STAFF:

Admitted By: _____ Date: _____ Vaccines Verified By: _____

If your pet is to be picked up by someone other than the owner, arrangements regarding the bill must be made in advance with the kennel staff.

Name of person authorized to pick pet up: _____.

In the event we are unable to contact you if your pet becomes ill while boarding, it is important that we have your authorization to treat your pet. Please read the following and initial:

Treat my pet as needed. Do any and all diagnostic tests, treatments, surgeries and transfers to a 24 hours emergency facility necessary for the well being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Signature

Date

We will make every effort to contact you regarding your pet's condition and treatment therefore it is imperative that emergency contact numbers be up to date. Thank you.