



DELAPORTE VETERINARY HOSPITAL

Delaporte Veterinary Hospital
BOARDING AGREEMENT

Arrive Date: _____

Pick Up Date: _____

Client Name: _____

Patient Name: _____

Breed: _____

Sex: _____

Color: _____

Personal Belongings: _____

(Meds, toys, food, etc.)

** THERE IS AN ADDITIONAL CHARGE OF \$.65 PER MED APPLICATION **

Emergency Contact and Phone Numbers: _____

VACCINATION POLICY

Your pet must be current with vaccinations: DA2P/FVRCP, Rabies, K9 Influenza and Bordetella in order to be admitted to the hospital for boarding. This ensures that <animal> is protected from infectious diseases that can be transmitted in a hospital environment. _____ initial please

CONSENT TO TREATMENT

Treatments to be performed on your pet while he/she is here boarding: _____

I CONSENT to emergency treatment (sign): _____

I DECLINE any medical treatment (sign): _____

BATHING

Bathing can be done the day of discharge. Charges are based on the weight of the animal

I REQUEST a bath at discharge (sign): _____

I DECLINE a bath at discharge (sign): _____

If requesting a bath prior to discharge, pick-up time is AFTER 2:00 P.M.

If your pet is particularly messy charges for clean-up baths will be added. _____ (initial, please)

Pick up begins at 9:00AM on specified day!

SIGNATURE: _____ DATE: _____

FEEDING/SPECIAL INSTRUCTIONS _____

