

**Richland Animal Clinic
Boarding Agreement**

Chart # _____

Drop-Off Date _____ **Pick Up Date / Time** _____

Owner's Name _____

Pets Name _____ Dog ____ Cat ____

_____ Dog ____ Cat ____

_____ Dog ____ Cat ____

_____ Dog ____ Cat ____

Medications and doses: _____

Special Food or Feeding Instructions: _____

List any medical treatment needed or symptoms of concern (exam fee applies) _____

Vaccine Status: All patients staying in the clinic must be up to date on vaccines. This policy is for the protection of your pet and other patients. Any vaccines due will be administered while your pet stays with us unless previously specified for medical reasons.

Parasites: All patients staying with us in the clinic will receive a capstar pill that will kill any fleas that may get on your pet for 24 hours and have a negative fecal exam to decrease exposure of your pet and other patients to fleas and intestinal parasites.

This is to ensure our clinic, your pet, and your home is flea free!

Bathing: All baths include ear cleaning, nail trim and anal gland expression and will be performed on the pick up day unless otherwise specified. **YES** ____ **NO** ____

**Richland Animal Clinic
Emergency/Contact Information**

In case of questions or emergency, please leave number where you and/or someone who can make decisions for your pet's care can be reached while your pet is staying in the clinic.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Reasonable precaution will be used against injury, escape, or death of your pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet every effort will be made to contact me. I understand if I am unable to be reached at the contacts provided, the doctors may elect to proceed with treatment for my pet based on their judgment. I understand the necessity of this and agree to pay for all services upon discharge.

If your pet is not picked up on the day specified, and is not called for within ten days after, the animal will be considered abandoned and may be disposed of as the doctor sees fit. This does not relieve me from paying all costs of all services.

Terms: **BALANCE DUE WHEN SERVICES ARE RENDERED!**

We do not accept partial payments or post-dated checks. If you feel you cannot pay for all services, please let us know beforehand. We offer care credit that, if approved, allows you to make monthly payments.

I, being responsible for the above animal, have the authority to grant my consent to receive, prescribe for, treat and/or operate upon my pet.

I have carefully read and agree to all of the above:

Signature _____

Date _____