

TROY ANIMAL HOSPITAL/BIRD CLINIC BOARDING AGREEMENT

Drop Off Date _____ Pick Up Date _____ Pick Up Time _____

Pet's Names _____

* *If more than one pet, do you want them to stay together? Yes _____ No _____

Are vaccines current for your pet/pets? Yes _____ No _____

*If not, we will vaccinate them, and YOU WILL BE CHARGED ACCORDINGLY. Please discuss this with the receptionist if your pet is not up-to-date on vaccinations. Thank you.

*If not vaccinated here, proof of vaccination is required prior to boarding. Thank you.

NO PETS WILL BE RELEASED AFTER HOURS, ON SUNDAYS, OR ON HOLIDAYS!

Please tell us how to feed your pet:

Pet	Food	How much?	How often?

Does your pet need medication while here? Yes _____ No _____

Pet	Medication	How much?	How often?	Given Today?
				AM PM
				AM PM
				AM PM

Medical Services Desired: Please circle any services you wish your pet to have while boarding with us. Diabetics add \$6.00 per day to cover insulin injections.

EXAMINATION NAIL TRIM EXPRESS ANAL GLANDS URINALYSIS

VACCINES CLEAN EARS HEARTWORM TEST BATH (REQUIRED IF SOILED OR HERE MORE THAN 3 DAYS)

****OCCASIONALLY, A PET WILL BECOME ILL OR INJURE ITSELF WHILE BOARDING. IF SUCH OCCURS, YOUR PET WILL BE EXAMINED AND TREATED AND YOU WILL BE CHARGED FOR THE TREATMENT. IF ANY SIGNS OF PARASITES ARE FOUND UPON ADMISSION, THE ANIMAL WILL BE TREATED AND YOU WILL BE CHARGED ACCORDINGLY. _____ (PLEASE INITIAL HERE)

WHAT DID YOUR PET BRING: _____

EMERGENCY PHONE NUMBER: _____

OWNER'S SIGNATURE: _____