



Medford Animal Hospital – Boarding Agreement

Thank you for choosing to board your pets here with us. In order to keep our hospital sanitary and keep your pets safe we ask that you follow our boarding guidelines.

Owner's Name: _____ Pet's Name : _____

Drop off Date: _____ Pick Up Date: _____

Please note that your pet **MUST** be current on all of the following!

- | <u>Canine</u> | <u>Date</u> | <u>Feline</u> | <u>Date</u> |
|-------------------------------------|-------------|---------------------------------|-------------|
| <input type="checkbox"/> Dhlpp | _____ | <input type="checkbox"/> FvrCP | _____ |
| <input type="checkbox"/> Rabies | _____ | <input type="checkbox"/> Felv | _____ |
| <input type="checkbox"/> Bordetella | _____ | <input type="checkbox"/> Rabies | _____ |

If your pet is due for any of the above vaccines we will administer these for you.

The following can be done at your request during boarding (additional fees apply):

- | | | | |
|---|-------|---------------|-------|
| <input type="checkbox"/> Bath | _____ | Toenail Trim | _____ |
| <input type="checkbox"/> Yearly Exam | _____ | Anal Glands | _____ |
| <input type="checkbox"/> ProHeart Inj. | _____ | Microchip | _____ |
| <input type="checkbox"/> Heartworm Test | _____ | FIV/FeLV Test | _____ |

Medication Instructions: _____

Feeding Instructions: _____

Is it okay to give treats or chews? Yes or No

Is it okay to let your dog spend time in the outside run? Yes or No

Non-Emergency Treatment Authorization:

I authorize Medford Animal Hospital and its staff to treat/care for my companion as is needed. I would like a call prior to treatment. Yes or No

Emergency Treatment Authorization:

In the event that my pet becomes ill, I hereby authorize Medford Animal Hospital (MAH) and it's staff to treat/care for my companion as they see fit, and in rare circumstances, transfer by MAH staff to Southern Oregon Veterinary Specialty Center in the event that a condition cannot be managed at MAH. Every attempt will be made by MAH staff to reach the owner or authorized person, once the emergent situation allows.

I authorize an amount of \$ _____ to be used only for emergency care of my pet. I assume full financial responsibility for all charges incurred during treatment.

Emergency Contact:

Name: _____ Phone #: _____

Owner/Responsible Party:

_____ Date _____

****Please note that this hospital is not staffed 24 hours a day****

Animals may be dropped off and picked up during business hours only, no exceptions.