

Countryside Veterinary Clinic Boarding Agreement

We are pleased that you entrust us with your pet(s) while you are away!

The following information will help ensure everything is in order for your pet's stay.

Clie	ent Name :	Date:	
Patient Name:		Patient Name:	
Patient Name: Patient Name:		Patient Name: Patient Name:	
Pick-up Date:		Pick-up Time:	
		-7pm. Saturday 8am-1pm. Close	
		you are away:	
Mandatory <u>Local</u> Emer	gency Contact Number:	. Dis an a Call	Dhara a
current Home Phone:_	Work	c Phone Cell	Pnone:
DIET			
	ence Diet Sensitive Stomach	n dry food. We also provide dry H	lill's i/d. If you would like your pet
•		ur own food for the length of you	
safety of our staff and o	other boarding animals, Ser	isitive Stomach diet will be substi	tuted for any raw food items.
F I	D'	•	
Food: Food:	Direct	ions:ions:	
MEDICATIONS			
Medications for your pe	et(s) should be clearly label	ed in its original container, if pos	sible. Please leave detailed
instructions for each inc	dividual medication below a	and what time the medication wa	as last given. There is a \$2 per day
charge for medications,	supplements or additional	/special care to be administered.	
	5		
Medication:			
viedication:	Directions:		Last given:
CLEANSING BATHS (Ple	ase call our office to ensure	your pet is ready to go home fro	m their hath the day of nick un.)
		nights or longer with the except	
•		A complimentary bath does <u>not</u> in	· · · · · · · · · · · · · · · · · · ·
		vould like a bath to be given, the	
We are not able to offe	r complimentary baths for	cats, but can give a cleansing batl	n at a charge if you request.
n .	5.//:	N 11 = 1 (600	· · · · · · · · · · · · · · · · · · ·
		Nail Trim: (\$22 or fay before if you are planning to p	
Please requ	est paths to be done the d	ay before it you are planning to p	SICK UP BEFORE IIAM.
ANIMAL BEHAVIOR			
To the best of your kno	wledge, is your pet aggress	ive with/under any of these circu	mstances? Circle all that apply.
Food/Treats Toys	Territory/Cage Dogs	Humans (Male? Female? Bot	h Other:
DAY BOARDING / DAY			
			e month, please write the date of
your stay with us if NO form monthly.	CHANGES have occurred to	your boarding agreement. We n	nust have an up to date boarding
	ate· / / Date·	/ Date:/	/ Date: / /
	atcbatc		
ADDITIONAL SERVICES	(We are happy to help you	with other needs. Ask receptioni	ists for costs.)
		·	

ANOREXIA

If your dog or cat is not eating well during their stay, we will entice them to eat by hand feeding, offering other dry or canned foods and we will contact you. We may deem it necessary to administer a safe appetite stimulant. If an appetite stimulant is needed, a charge will be added to your bill.

STRESS DIARRHEA

Sometimes your pet may experience stress diarrhea while boarding. In that instance your pet will be examined by a veterinarian, a stool sample may be tested and we will contact you. We may deem it necessary to administer a safe probiotic or Metronidazole. If the probiotic or medication is needed, a charge will be added to your bill.

PARASITES

If any parasites are found on or within the feces of your pet while boarding with us, your pet will be treated before entering our boarding facility. These charges will be added to your bill.

PERSONAL ITEMS

Clean bedding will be provided for all pets boarding with us. Your pet's boarding area is cleaned thoroughly every day (or more often as needed) and all bedding is changed and washed. We prefer to use and wash our own bedding but if your pet requires you to provide special bedding, please label with a permanent marker. Although we make an effort to return all items left with us, **COUNTRYSIDE VETERINARY CLINIC IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS LEFT WITH PETS**.

PROOF OF VACCINES

Required vaccines for Dogs: Rabies, DA2LPP, Bordetella, and the dual-strain (H3N8-H3N2) Canine Influenza vaccine. **Required vaccines for Cats:** Rabies and FVRCP.

If not up to date, or unable to provide proof of vaccination, your pets will be given any missing required vaccines. A physical exam will also be given if receiving DA2LPP, FVRCP or Rabies, or if receiving any vaccine and your pet has not has a physical exam with us within the last year. These charges will be added to your bill.

ILLNESS/INJURY

Countryside Veterinary Clinic takes all possible precautions to avoid illness and injury to your pet while here. If your pet becomes ill, or in the event of an accident or injury, we will call the emergency numbers listed above. If no one can be reached, we will perform any treatment deemed necessary by a veterinarian. Medical costs may become your financial responsibility.

24- HOUR SUPERVISION Countryside Veterinary Clinic **does not provide 24- hour supervision**. During weekends and holidays, scheduled visits are made to the hospital by our hospital staff.

ANIMAL ABANDONMENT

According to Maryland State Law, if an animal is abandoned unde Any additional phone numbers or information, please write here:	, , , , , ,
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By signing below, I have read and agree to all the terms of this boarding agreement by Countryside Veterinary Clinic.

Client Signature: _		
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