

Boarding Agreement

Owner:	Phone #:
Emergency contact:	Phone #:
Drop off date:	Pick up date:
patient label	patient label
then proof of vaccination is to be provided required boarding vaccines will be given the	all required vaccinations. If vaccinations were preformed at another vet, d by owner prior to or at check in. Pets that are not up to date or missing hem at owner's expense. Please take in to consideration that vaccines or the vaccines are given to boarding the higher the risk that the vaccine tella
Diet: We encourage owners to bring their	r pet's food. Change in diet can cause Gl Upset.
Own Food:	MSAC Food
Feeding instructions:	
Please include exact measurements. We u	use a standard measuring cup.
	I bedding and toys, but have plenty of bedding and bowls, however if you or loss or damage to any personal items left with your pet. In addition, we c. if we have any concerns.
Fleas/Ticks: When was flea/tick prevent	tion given last?
If fleas or ticks are found on your net(s) v	ve will treat them for fleas/ticks at your expense

Medications : There n their original packa	-	onal charges for administ	ering medications. All medication must be labeled	
Please list medications :				
,		nedical care, we will attem provided at your expens	pt to contact you before treating. If we are unable.	
To ensure thorough	n preparedness, ple	ease choose one CPR opt	ion below:	
Basic CPR	1: Chest compress	ions, 2 medication injecti	ons, monitoring for 15 minutes \$60	
Mid-Level	CPR 2: Chest comp	ressions, 4-5 medication	injections, monitoring for 30 minutes \$175	
	CPR 3: (All life-savi g for 30 minutes st	0 1	ompressions, adrenaline injection, oxygen,	
DNR: No li	ife saving measure	s will be taken		
Signature :		Date:		
Print:		Witne	ss:	
ny other services for	r your pet(s) while t	they are boarding with us	?	
Bath	TNT	Anal Glands	Ear Cleaning	
ets are released on	nly during office ho	urs.		
	, ,		me dropped off/picked up.	
circumstances cha	inge, please notify	the hospital of a new pick	up date.	
			oick up date, Main Street Animal Clinic will consid	
•		to your pet(s). You will st	ill be financial obligated to all charges accumulate	
or said pet(s) and th				
ayment is due in fu	iii at tiirie or pick uf	J.		
I have rea	d and understood	all requirements, term	s and policies on this document.	
Signature :			Date:	