

# BOARDING AGREEMENT



411 Oskaloosa Street  
Pella, IA 50219  
641.620.8880

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMERGENCY # \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_  
PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_  
PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

### VACCINATIONS:

UP TO DATE: Y / N Due: \_\_\_\_\_  
IS ANIMAL NEUTERED OR SPAYED? \_\_\_\_\_YES \_\_\_\_\_NO  
DATE TO BE PICKED UP: \_\_\_\_\_ AM \_\_\_\_\_PM  
ENTERED BY: \_\_\_\_\_

### MEDICATION TO BE GIVEN WHILE BOARDING:

1. \_\_\_\_\_ at \_\_\_\_\_am \_\_\_\_\_pm \_\_\_\_\_pm
2. \_\_\_\_\_ at \_\_\_\_\_am \_\_\_\_\_pm \_\_\_\_\_pm
3. \_\_\_\_\_ at \_\_\_\_\_am \_\_\_\_\_pm \_\_\_\_\_pm

### WHILE IN HOSPITAL, CHECK:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

### INSTRUCTIONS:

1. Physical Exam: \_\_\_\_\_
2. Vaccinations: \_\_\_\_\_
3. Heartworm Test: \_\_\_\_\_
4. Fecal: \_\_\_\_\_
5. Grooming: \_\_\_\_\_
6. Diet / own food: \_\_\_\_\_

FEE PER DAY \_\_\_\_\_

If sedation is necessary for treatment or handling, I give **PELLA PETS VETERINARY CLINIC** my permission to administer such medications.

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.

I also authorize **PELLA PETS VETERINARY CLINIC** to do whatever is necessary should an emergency situation arise. Payment is required when animal(s) are released.

PETS ARE RELEASED DURING REGULAR CLINIC HOURS. If I neglect to pick up my pet within 5 days of the date above, **PELLA PETS VETERINARY CLINIC** may assume that the pet is abandoned and **PELLA PETS VETERINARY CLINIC** is authorized to find arrangements for the pet as deemed best and necessary at the owners' expense.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_