

BOARDING AGREEMENT

Date of Stay _____ Until _____

I give Picayune Vet Clinic permission to do the following if needed: (Please initial each line)

____ I understand that every animal that boards at Picayune Vet Clinic must be current on ALL vaccinations and must be given by a licensed veterinarian. If not current, Picayune Vet Clinic will give all vaccinations required.

____ I understand that animals will be checked for fleas and ticks upon arrival. If my pet has fleas/ ticks they will be given a bath and treated with preventative for an additional cost at check-out time.

____ I understand Picayune Veterinary Clinic is not liable for lost, stolen, damaged articles when left with animals during his/her stay. For your convenience we do provide the blankets, bowls, toys, leashes, and treats. For your pet’s safety, we WILL NOT place personal belongings in kennel with pet.

____ I understand that I will be responsible for any charges incurred for my animal if they need medical attention during his/her stay.

____ I understand that there is absolutely **NO AFTER HOURS OR SUNDAY PICK UP** for any reason.

Please make sure that our clinic knows of any medication whether prescription or not that your animal is taking at the time of boarding and when he/she needs next dose. **THIS IS VERY IMPORTANT! WE DO NOT WANT TO ALTER THE DOSING SCHEDULE.**

Animal #1 Name _____ Animal #2 Name _____

Medication _____ Medication _____

*Has he/she had medications today? YES/NO

*If yes, what time? _____

*Would you like any additional services provided to your pet during his/her stay? (Nail trim, microchip, clean ears, etc.) _____

I certify that I have read and fully understand the above terms and agreements and furthermore assume full financial responsibility for any and all charges incurred while residing here at Picayune Veterinary Clinic.

Owner/Agent Signature _____ Date: _____

Emergency Contact Telephone# _____