

Cilley Veterinary Clinic - Boarding Agreement and Care Instructions
Please fill out each section completely.

Owner's Name: _____ Animal's Name: _____

How may we reach you: _____
Or an alternate emergency contact? _____ (phone #'s, emails, etc.....)

Brought Own Food? Yes No May we try other foods if your pet is not eating? Yes No
Amount per meal: _____ Any known food allergies? _____
Feed Twice Daily
Feed Once Daily Am Pm Special feeding instructions? _____

Is your pet on medications or supplements? Yes No
Please provide names and instructions: _____

Are we administering them while here? Yes * No
*An administration fee for 1- 2 meds/supplements is \$2.50 /night; 3 or more is \$3.75 /night; and for diabetic patients is up to \$10 /night.

Pick-up Date: _____ **Estimated Time:** _____

*If someone other than the owner will be picking up, please provide their information.

For dogs, please choose and initial *One* of the following options:
*In order to socialize, dogs must be fixed, do well with ALL other dogs, and meet ALL of the requirements of our Daycare and Boarding Socialization Agreement.

1) Doggie Day Care is available Monday-Friday. My dog(s) will go out 8-10 times each day, and will stay with other dogs during the day. (+\$14.00/weekday) _____ (initial)*
If option 1 is selected, Option 2 will be followed on weekends/holidays when Daycare is not available.

2) My dog(s) can go out with other dogs (4-5 times a day), and then come back in to his/her individual spot. (No additional cost.) _____ (initial)*

3) My dog(s) cannot go out with other dogs at all. My dog(s) will go out 4-5 times each day. (No additional cost.) _____ (initial)

Are there other services to be performed while your pet is with us? Medical services, grooming, nail trim, etc?
(Please note, availability may be limited if services were not scheduled in advance.)

Reasonable precaution will be used against the escape, injury, or death of this pet. I understand that unexpected behaviors, injury, or illness can occur, and that the clinic and staff will not be held liable for problems that develop. I understand that any communicable illness or parasite that is discovered *will* be treated, and that any other health problem that develops with my pet **will be treated** as deemed best by staff Veterinarians, and **I will assume full responsibility for the treatment expense involved.**

Signature of Owner or Responsible Party

Date: