

Cilley Veterinary Clinic - Boarding Agreement and Care Instructions

Please fill out each section completely

Owner's Name: _____ Animal's Name(s): _____

How may we reach you: _____

Or an alternate emergency contact?

(phone #'s, emails, etc.....)

Feeding and Care Instructions:

Brought Own Food? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we try other foods if not eating or runs out? Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount per meal: _____	Any known food allergies? _____
Feed Twice Daily <input type="checkbox"/>	Special feeding instructions? _____
Feed Once Daily AM <input type="checkbox"/> PM <input type="checkbox"/>	Any Additional Notes: _____

Does your pet receive medications, supplements, or special treatments? Yes No

Are we administering them while here? Yes * No *An administration fee of \$2.50 per night for 1- 2 meds/supplements, or \$3.75 per night for 3 or more applies; diabetic or complex care may be up to \$10 per night.

Please list & provide instructions for all meds, supplements, or treatments that your pet is receiving (whether we are administering them here or not), including what time of day you usually give them:

For dogs, please initial One of the following options:

1) I would like my dog(s) to socialize with other dogs while here if possible. _____ (initial) **

**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. Dogs may be able to participate in Doggie Daycare while boarding, but please note that all socialization is done at the discretion of staff and is not guaranteed.

2) My dog(s) cannot go out with other dogs at all. _____ (initial)

Any additional care instructions or notes: _____

Are there other services to be performed while your pet is with us? Medical services, grooming, nail trim, etc?
(**Please note**, we always try our best to accommodate requests, but availability may be limited if services were not scheduled in advance.)

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

If someone other than the owner will be picking up, please provide their name and contact information. They should bring a form of ID with them. Payment can be made in advance or over the phone for the stay.

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: