

RICHMOND ROAD VET CLINIC BOARDING CONTRACT

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

In case of an emergency, who do we contact?

Name _____ Ph#: _____

If emergency contact is a friend or relative, may this person authorize treatment? _____

Please initial one of the following, in case we cannot contact anyone:

- _____ We may do all that is needed to diagnose and treat medical problems.
- _____ We may do only minimal treatment and wait for authorization for further action.
- _____ We may perform only life-saving procedures until we get further authorization.

Please answer the following questions regarding the care of your pet:

If you are providing food, what kind of food is it? _____

(If you do not provide food, we will provide dry Dog/Cat chow for your pet)

How many times a day do you feed your pet? Once _____ Twice _____

(Amount _____)

Is your pet on any medications? If so, what type and when is it given?

Have you supplied any additional objects for your pet (i.e. toys, blankets, etc.)?
If so, please list the objects (please describe with as much detail as possible):

If you have multiple pets, would you like them to board together? _____

We require all pets to be current on basic vaccinations and a parasite screening. If we do not have or obtain current records at time of check in, your pet will be required to have these services rendered at time of check in.

When pets enter the hospital for boarding, they are examined for fleas. If the pet has fleas, a fast acting pill will be administered immediately. If your pet is staying longer than one night, we will administer a prevention (the fast acting pill only lasts 24 hours). Both of these will be at an additional charge. Charge will vary depending on prevention used.

I understand and agree to all items in this contract.

Signature _____ **Date** _____