

Client Name: _____ Patient: _____ ID: _____

Email address: _____

Emergency Contact Name: _____ Number: _____

Name of person picking up dog (if not owner): _____

1. All pets boarding MUST be current on vaccinations. Written proof of vaccinations must be provided if we are not your residing veterinarian.
2. If parasites are found (including fleas and or ticks) during your pets stay, they will be treated as Emmitsburg Veterinary Hospital determines and the cost of the treatments will be added to the total bill.
3. We will try to bathe all dogs the morning of discharge as a complimentary service, however, if the pet's health or temperament makes it hazardous to the staff or the pet, your pet will not be bathed.
4. Other services to be performed while boarding:

Grooming _____ Toe Nail Trim _____ Anal Gland Expression _____ Medication Refill _____



5. Our kennel facilities have indoor/outdoor runs. We have air conditioning in the summer and heat in the winter. Cats will be separated from the dogs.
6. Do you give us permission to put your pet out in the yard for exercise and/or play time? **Please circle YES OR NO**
7. Do you give us permission to put your pet in the play yard with other dogs? **Please circle YES OR NO**

8. Does your pet have any health or behavioral issues that our staff should be made aware of (if so please explain)? _____
9. Has your pet had any vomiting or diarrhea within the last week? _____
10. Has there been any change in your pet's appetite or drinking within the last week? _____

- I understand that Emmitsburg Veterinary Hospital and their staff will not be held liable for any problems that may occur while my pet is attending boarding provided reasonable care and precautions are followed.
- If my pet would become ill or injured while attending Emmitsburg Veterinary Boarding I assume full financial responsibility for any and all expenses involved. Emmitsburg Veterinary Hospital will try to contact me at the above emergency number. If I am not able to be contacted Emmitsburg Veterinary Hospital will not exceed \$_____ amount in diagnostic tests and treatments.
- I further understand that if my pet shows any signs of aggressive behavior towards other dogs they will be confined to a separate area and will not be allowed to interact with other pets.

I have read and agree with the above statements _____

Date _____