



Boarding Policy Form

Owner's Name: _____

Best Contact Number(s): _____

Home _____ Cell _____ Work _____

Pet's Name: _____ Breed: _____

Age: _____ Sex: _____ Color / Markings: _____

PERSONAL ITEMS: Please limit the number of personal items brought to 2 items per pet.

**We provide raised bedding, bowls, and an array of outside toys.*

VACCINATIONS: For the protection of all animals under our care, we require the core vaccines to be up to date and proof of administration by a veterinarian office.

Any vaccines not up to date will be given at owner's expense.

Canine:

Rabies (1 or 3 year)

DHPP (1 or 3 year)

Bordetella (intranasal every 6 months)

Yearly Intestinal Parasite Screen

Feline:

Rabies (1 or 3 year)

FVRCP (1 or 3 year)

Yearly Intestinal Parasite Screen

CHECK OUT DATE: Please notify the clinic within 24 hours of original set pick-up date if you are **unable** to pick up your animal(s). **Animal(s) left for 7 days after the set pick-up date, without contact from owner, will become property of Eastside Animal Hospital. The Client/Owner is responsible for all fees/charges accrued during the animal(s) stay.*

MEDICAL ILLNESS: While boarding, if one of you animal(s) becomes ill or requires immediate medical attention, we will call the best contact number(s) you provided above, regarding symptoms and state treatment options along with an estimate of the treatment costs. If no one can be reached, any services the attending doctor deems necessary for the care of concerned animal(s) will be performed. This includes only non-elective treatments and necessary diagnostics.

PARASITES: If found to be infested with external or internal parasites animal(s) will be treated at owner's expense.

PAYMENT: All charges incurred by Owner/animal(s) shall be payable upon pick up of animal(s) .

MEDIA RELEASE: I consent that my animal(s) picture can be featured on Eastside Animal Hospital website, social media, and advertising. I understand that I am not to receive compensation for any picture used by Eastside Animal Hospital.

***I HAVE READ AND AGREE TO THE ABOVE CONDITIONS CONCERNING THE BOARDING OF MY ANIMAL(S) NOW AND IN THE FUTURE AT EASTSIDE ANIMAL HOAPITAL.**

Signature: _____ Date: _____

****PLEASE PRINT AN BRING IN ALL COMPLETED FORM(S) AND/OR VACCINE RECORDS WITH YOU AT TIME OF DROP OFF OR PRIOR TO DROP OFF DATE, TO SAVE TIME WHEN DROPPING YOUR PET OFF****