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**Canine Boarding Agreement**

**Client Name:** \_\_\_\_\_ **Neutered/Spayed:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

In order to protect all of our boarders, your dog must be current on Distemper and Rabies vaccines. The Bordetella (Kennel Cough) vaccine will be administered at the time of arrival if your pet has not had the vaccine in the last six months. We also ask that our canine boarders be current on Flea Preventative. Treatment will be administered to any pet showing signs of external or internal parasites (i.e., fleas, intestinal worms, etc.). Any additional charges for the vaccines or parasites will be added.

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need arise. Should your dog become ill or is injured, we will call the emergency number regarding your pet’s symptoms, treatment options, and an estimate of additional costs. However, if the owner or an authorized agent cannot be reached, please indicate your wishes below, should your animal require treatment to relieve immediate discomfort or resolve an important medical condition.

Please perform whatever services the doctor deems necessary for the best care of my pet until I or my authorized agent can be reached. I authorize up to the following amount: *(initial)*

None	\$50.00	\$100.00	\$300.00	Unlimited
_____	_____	_____	_____	_____

I hereby authorize the following person(s) to act as my agent(s) if the need for medical care arises during my pet’s stay and I am unable to be reached. I understand that I shall be fully responsible for any medical care authorized by either myself or any authorized agent: *(initials)* \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

\_\_\_\_\_  
*Signature of Owner or Responsible Party*

Is your dog on medications? \_\_\_\_ If yes quantity and times/day \_\_\_\_\_

Any recent medical/health concerns? \_\_\_\_\_

Are there any sensitive areas on your dog or anything that frightens your dog? \_\_\_\_\_

Has your dog ever bitten anyone? \_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your dog ever had any allergic reactions? \_\_\_\_\_

Has your dog ever had a seizure? \_\_\_\_ If yes, last seizure date: \_\_\_\_\_ Treatment: \_\_\_\_\_

Please share any additional information that may be helpful to our staff in providing the best possible care and enjoyable stay for your pet while at our facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Willow Creek Veterinary Services is not responsible for lost or damaged personal belongings.*

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