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Pierce, NE 68767

Phone (402) 329-4805 or 1-888-371-7474, Fax (402) 329-6421

Feline 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 pet must be current on Distemper and Rabies vaccines. 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 fleas/intestinal worms 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 pet 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

Specific Information

Is your cat on medications? ____ If yes, quantity and times/day: _____

Any recent medical/health concerns? _____

Does your cat have any sensitive areas that should not be touched or petted? _____

Has your cat ever bitten anyone? ____ If yes, please explain: _____

Is there anything in particular that frightens your cat? _____

Has your cat ever had any allergic reactions? _____

Has your cat 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:** _____

Signature: _____ **Date:** _____

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Signature: _____ **Date:** _____

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