

Southport Veterinary Center
 2131 Post Road
 Fairfield, CT 06824
MEDICAL BOARDING AGREEMENT

Today's Date: _____ Pick up date: _____ Approximate Time: _____

Owner: {FULLNAME}

Pet(s) Boarding

	Bath		Medication	
	Yes	No	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*There will be an extra charge of \$15.00 per day for the administration of medication.

Person(s) to contact in case of emergency _____

Emergency Phone Number(s) _____

Our Vaccination Policy: To insure the protection of all pets under our care, the following vaccinations must be up to date:

Dogs: DHPP/ (DISTEMPER) CATS: FVRCP (DISTEMPER)
 RABIES RABIES
 BORDETELLA (Kennel Cough)

I give my permission for the Southport Veterinary Center to update my pet's vaccinations in accordance with the above policy. _____

I understand that my pet will be treated for fleas at my expense of \$15 if fleas are found _____

I would like to be notified if charges exceed 15% of the signed estimate: _____

Medical Illness Policy: One of the advantages of boarding your pet at a Veterinary Hospital is that Veterinary attention is readily available should the need arise. If one of your pets become ill, we will call the emergency number listed above regarding your pets' symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

_____ Do not administer any medical treatment until specific authorization is given. I fully intend to pick up my pet on the date specified. If circumstances change, I will notify the hospital.

_____ date

BOARDING FEES MUST BE PAID IN FULL WHEN PET IS PICKED UP

FEEDING: Please write feeding instructions below and when the next meal is due.

MEDICATIONS: Please write the medication directions and when they need to be given next. If they are not on any meds, please write so and sign below.

PERSONAL ITEMS: Please list any personal items that you are bringing in for your pet (i.e. toys, blankets, beds)