

# VCMB BOARDING AGREEMENT

CANINE       FELINE

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
\_\_\_\_\_

Contact #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact # \_\_\_\_\_  
: \_\_\_\_\_

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***For the protection of all boarders your pet must be free of intestinal and external parasites. If there is any evidence of such parasites a treatment will be given at your expense. Veterinary Clinic of Myrtle Beach and staff will not be held liable for health problems that may develop while boarding provided reasonable care and precautions are followed by the staff and hospital. This boarding facility will not be held responsible for personal items left with your pet. Medications must be in their original containers with legible directions from the provider.***

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If my pet shows signs of illness or injury while boarding, I authorize:

Only life saving treatment until I, or my emergency contact person can be reached.

No treatment until I can be reached.

Any treatment the Doctor feels necessary in the best interest of my pet.  
Treatment is not to exceed \$ \_\_\_\_\_ without additional consent by me.

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Will your pet have to be given medication while boarding? \_\_\_ YES / \_\_\_ NO

Please list the medications and directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please request an exam while your pet is boarding if they are showing signs of any of the following:**

Is your pet currently showing any signs of: Coughing, Sneezing, Vomiting, or Diarrhea?

If so, how long have the symptoms been present? \_\_\_\_\_

Is your pet currently experiencing any Eyes, Ears, or Skin Issues? \_\_\_ YES / \_\_\_ NO

If yes, please describe: \_\_\_\_\_

You will be contacted after an exam if treatment is needed.

Contact # \_\_\_\_\_

Is your pet on flea prevention? \_\_\_ YES / \_\_\_ NO : Date last given \_\_\_\_\_

Product Name \_\_\_\_\_

Is your pet on heartworm prevention? \_\_\_\_\_ YES/ \_\_\_\_\_ NO: Date last given \_\_\_\_\_

Product Name \_\_\_\_\_

Will you need any refills of any preventions to go home with? \_\_\_ YES / \_\_\_ NO

**YOUR PET IS DUE FOR THE FOLLOWING:**

**CANINE:**

\_\_\_ EXAM    \_\_\_ BORDETELLA    \_\_\_ LYME

\_\_\_ RABIES    \_\_\_ FECAL    \_\_\_ LEPTO

\_\_\_ DHPP    \_\_\_ CANINE INFLUENZA    \_\_\_ HEARTWORM TEST

**FELINE:**

\_\_\_ EXAM    \_\_\_ FECAL    \_\_\_ RABIES

\_\_\_ FVRCP    \_\_\_ FELV

**FEEDING INSTRUCTIONS:**

\_\_\_ FEED OWN FOOD / HOW MUCH & HOW OFTEN \_\_\_\_\_

\_\_\_\_\_

\_\_\_ FEED VCMB FOOD / HOW MUCH & HOW OFTEN \_\_\_\_\_

\_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**OTHER SERVICES AVAILABLE:**

BATH BEFORE PICK UP \_\_\_\_\_ YES/ \_\_\_\_\_ NO

NAIL TRIM \_\_\_\_\_ YES/ \_\_\_\_\_ NO

**ANAL GLAND EXPRESSION** \_\_\_\_\_ **YES** / \_\_\_\_\_ **NO**

**Kennel Attendant Intitials** \_\_\_\_\_

**BATH**\_\_\_\_\_ **NAIL TRIM** \_\_\_\_\_ **ANAL GLANDS** \_\_\_\_\_

**DATE TO BE DONE**\_\_\_\_\_