

Boarding Agreement Form
Pet Medical Center of Katy
281-392-7544

Owner: _____

Pet's name: _____ wt/temp: _____ CS

Address: _____

_____ wt/temp: _____ CS

Phone: _____

Admitted by: _____ Time: _____
Confirmed medications and treatment: _____

Today's Date _____ Pick-up Date _____

Bath Yes No

Medications Yes No **MUST be in original RX bottle**

List all belongings brought with pet(s) _____

Is your pet(s) on a prescription diet? Yes No

Can your pet(s) have treats? Yes No

Feeding Instructions: _____

Owner Release

I understand you can not guarantee the health of my pet(s). I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as, but not limited to, weight loss, hair loss, upper respiratory infections, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner's expense.

Vaccinations must be current for boarding and a negative fecal exam within 6months.

Additional fees may occur if pet requires nursing care or needs to be bathed.

In an effort to keep our hospital flea-free, hospital policy requires all boarders to receive a Capstar upon arrival. This will be an additional \$6.00 charge to your pet(s) boarding.

****Hurricane Evacuation Contact: During Hurricane Season (June 1st – November 30th) we require a local contact who will confirm they will pick up your pet(s) in the event of a named storm approaching. The clinic will close and all boarders must be picked up for the safety of our patients and our staff. Boarding not permitted with out a confirmed contact.**

PLEASE CHECK ONE OF THE FOLLOWING IF ANY PROBLEMS ARE OBSERVED OR DEVELOP DURING MY PET(S) STAY:

_____ In the event of illness or emergency, I authorize medical staff to treat my pet(s) as deemed necessary. An attempt will be made to contact me or the emergency contact listed below immediately to discuss the problem and treatment.

_____ Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet(s). The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet(s) will be treated as noted above and I assume full responsibility for the treatment expense incurred.

Emergency contacts: Name _____ Phone _____

Name _____ Phone _____

****Hurricane Evac. Contact:** _____ **Phone:** _____ **Confirmed:** _____
(required Jun 1 thru Nov 30)

I have read and understand this agreement.

Owner's Signature _____ Date _____