

ANIMAL CARE CLINIC
131 CHURCH STREET, N.E.
CONCORD, NC 28025
(704) 786-6669

BOARDING AGREEMENT

7/9/2013

Client ID: NC
Client Name: NEW CLIENT
Telephone: () -

Patient ID: CANINE
Name: CANINE
Discharge Date:

EMERGENCY CONTACT #1

NAME: _____
PHONE: _____

EMERGENCY CONTACT #2

NAME: _____
PHONE: _____

REQUIRED VACCINATION RECORD:
VACCINE DESCRIPTION ~ DUE DATE:

DATE OF LAST FLEA TREATMENT: _____

PRODUCT USED: _____

ON HEARTWORM PREVENTION? YES ☐ NO ☐

DO YOU NEED YOUR PET BATHED? YES ☐ NO ☐

DO YOU NEED YOUR PET'S NAILS TRIMMED? YES ☐ NO ☐

MEDICATIONS TO BE GIVEN / DOSE:

REFILL?

1. _____ YES ☐ NO ☐

2. _____ YES ☐ NO ☐

DIET/FOOD: BROUGHT FROM HOME: ☐ PRESCRIPTION: ☐ If so, what kind? _____ ACC: ☐

AMOUNT TO BE FED IN THE: MORNING: _____ EVENING: _____

REQUIREMENTS FOR BOARDING

1. All pets must be current on all vaccinations. If not vaccinated at Animal Care Clinic proof of vaccination is required.
2. All pets must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Prescription diets used during boarding will be billed as a separate expense unless provided by the owner.
4. Every attempt is made to care for your pet's luggage however, blankets, towels, toys, leashes and bedding are left at your own risk. We are not responsible for loss or damage to personal items.

MEDICAL RELEASE

If your pet becomes seriously ill while boarding all efforts will be made to contact you promptly. In the event medical care becomes necessary, I AUTHORIZE ANIMAL CARE CLINIC TO:

- ☐ PROCEED AS GOOD MEDICINE DICTATES
☐ PROCEED AS GOOD MEDICINE DICTATES UP TO \$ _____
☐ DO NOT PROCEED WITHOUT CONTACTING ME FIRST. I understand this may cause a delay in treatment in the event I cannot be reached immediately.

I agree to make complete payment to Animal Care Clinic at the time of discharge. I understand that if I fail to pick up my pet within ten (10) days of notification to the above address, my pet will be considered to be abandoned and will be handled in accordance with NC state law, and that doing so does not relieve me of my financial obligations.

(Signature of legal owner or responsible person)

(Printed name of legal owner or responsible person)

Date: _____

tech initials: _____

receptionist initials: _____