

**Boarding Agreement
Veterinary Medical Center**

Drs. Heltsley, Perkins, Atkinson, & Kuykendall
629 Grandview Ave. Glasgow, KY. 42141

Tel. (270) 651-5444 or (270) 651-7333 Fax: (270) 651-8555

Today's Date _____

Date of pick-up _____ AM PM

**Pets picked up after 12:00 PM will be charged an additional day of boarding

Owner _____

	Bath		Medication	
	Yes	NO	Yes	NO
Pet(s) Boarding _____				

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (toys, bedding, chewies)* _____

Special instructions-Include detailed medication directions, feeding instructions, and anything you want the doctor to evaluate:

___ ***Important:** we cannot be responsible for lost or destroyed belongings.

FOR YOUR PET'S HEALTH

Vaccination Policy

To insure the protection of all pets under our care, the following must be up-to-date:

Dogs:

Rabies
DH2LP-CPV
Bordetella (every 6 months)
Heartworm Blood Test (within last 12 months)
Test for worms (within last 12 months)

Cats:

Rabies
FVRCP
Test for worms (within the last 12 Months)

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accord with the above policy. _____ [owner initial]

We offer a flea bath for all pets at ½ the regular price if your pet(s) board with us for 2 nights or more

Medical Illness policy

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) 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 necessary diagnostics.

_____ I authorize up to (check one and indicate amount) \$100 \$200 \$ _____

_____ Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the veterinarian of a new pick-up date.

Date Owner/Agent for pet(s)

**Please complete form and bring to our office or may be faxed. (270-651-8555)