

Market North Veterinary Hospital, LLC

Luis G. Iturriaga, D.V.M.

BOARDING AGREEMENT

Owner _____ Home Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____
Emergency Contact _____ Phone _____

Pet Information

Pet's Name _____ Species _____
Breed _____ Color/Markings _____
Age _____ Sex _____ Weight _____ Neutered/Spay Yes No

Boarding Information

Diet _____
How Much? _____ How many times a day? _____

Reasonable precaution will be used against injury, escape, or death of this pet. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions followed. I understand that if my pet has any external parasites or any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

Today's Date Pickup Date/Time Medications Required/Special instructions

Your Signature

To be filled before boarding (hospital staff only)

Are the pet's vaccinations current? Yes No
Has the pet had a fecal exam in the past 12 months? Yes No
Is the pet current on heartworm preventative? Yes No
Is the pet current on flea/tick preventative? Yes No
Has the pet been vaccinated against Tracheobronchitis (Bordetella)? Yes No

***If the pet is receiving treatment, owner must fill a brief workup sheet**

***If the pet is receiving annual vaccinations, owner must fill a general workup sheet**

Receiving Technician/Assistant Signature