Market North Veterinary Hospital, LLC

Luis G. Iturriaga, D.V.M.

BOARDING AGGREEMENT

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

Are your pet's vaccinations current?	☐ Yes	☐ No
Has your pet had a fecal exam in the past 12 months?	☐ Yes	☐ No
Is your pet current on heartworm preventative?	☐ Yes	☐ No
Is your pet current on flea/tick preventative?	☐ Yes	☐ No
Has your pet been vaccinated against Tracheobronchitis (Bordetella)?	☐ 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:	Pick up date/time	Days boarded	Medications Required / Special Instructions	Your Signature:

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