

**SPENCER ANIMAL HOSPITAL INC.  
BOARDING AGREEMENT FOR THE YEAR \_\_\_\_\_**

Owner \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name 1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

In case of an **EMERGENCY**, please notify \_\_\_\_\_ Ph \_\_\_\_\_

**PICK-UP** Date \_\_\_\_\_ at \_\_\_\_\_ AM/PM (circle one)

**No boarders will be released between 7-8am**

Type of **FOOD**: Dry or Canned or Food brought (circle one)

If you would like us to give **HEARTWORM PREVENTATIVE MEDICINE**, please bring at the time of admittance and provide instructions.

Other Instructions While Boarding: Indicate which pet if more than one

Medication to be given:

Drug 1) _____	_____ tablet/capsule/cc _____ times/day
2) _____	_____ tablet/capsule/cc _____ times/day
3) _____	_____ tablet/capsule/cc _____ times/day

Check below if needed:

\_\_\_\_\_ Vaccinations (DHLPC-Parvo, Rabies, Parvo Booster, Bordetella, FVRCP, Feline Leukemia, FIP) (circle)

\_\_\_\_\_ Examination

\_\_\_\_\_ Heartworm Check

\_\_\_\_\_ Bath & Dip

\_\_\_\_\_ Intestinal Parasite Check

\_\_\_\_\_ Bath & Frontline

\_\_\_\_\_ Nail Trim

I would especially like **Boarding Plus** for my pet which includes: daily grooming, added exercise time, and supervised play periods with a member of our staff. (Additional Charge) Yes or No (circle one)

If a tranquilizer is necessary for treatment or handling, I give my permission to Spencer Animal Hospital to administer such medications.

All animals entering the hospital must be up to date on vaccinations or they will be administered upon entry at the owner's expense.

I also authorize Spencer Animal Hospital to do whatever is necessary should an emergency arise. Payment is required when pet(s) are released or owner returns.

If an animal has fleas or ticks on admission, a bath and dip will be administered at the owner's expense.

Pet's are released only during regular office hours: 8am-6pm Monday-Friday  
8am-1pm Saturday

Signed: \_\_\_\_\_