

ARKLE Veterinary Care, LLC
1020 Concord Road, Smyrna, GA 30080
770-435-6700 Fax 770-434-4863

BOARDING FORM

Owner's Name _____

Pet's Name _____

Boarding from ___/___/___ To ___/___/___ Approx. Time for PU: ___ am / pm

Special Instructions:

___ See medication form ___ No medications/treatments needed during boarding

Feeding: _____ times a day. Feed (how much each meal) _____ canned _____ dry

Other instructions _____

Items brought with pet: Leash Collar Bed Toys Food Other _____

Do you want us to bathe your pet (if possible) before you pick them up? Yes No
(We will be happy to give you an estimate for the cost.)

For the protection of your pet and others:

1. All dogs must have veterinary proof of current (within the last 12 months) vaccinations for Distemper, Parvovirus (DHP-P) and Rabies and Bordetella (Kennel Cough) within the last 6 months.
2. All cats must have veterinary proof of current (within the last 12 months) vaccinations for Feline Distemper, Panleukopenia (FVRCP) and Rabies.
3. We reserve the right to treat any pet brought in dirty or flea or tick infested as needed. We reserve the right to vaccinate any pet without proof of current vaccinations from an animal hospital. Any costs incurred are the responsibility of the owner/agent of the pet.
4. As owner/agent for this pet I give my permission for the doctor on duty to begin necessary treatments in the event my pet becomes ill. I understand that I will be financially responsible for this treatment. I understand that every effort will be made to contact me or my agent (emergency contact) prior to extensive surgical/medical treatments.
5. If estimated costs of treatment exceed \$_____ I refuse treatment for my pet without consent of me or my designated emergency contact person.
6. All pets that receive medications while boarding will be charged a medication administration fee.

Emergency Contact(s):(Phone number & name) _____

I have read and understand this form.

Signature of Owner or Agent

Date