



Delta Animal Hospital
 Veterinary Medicine & Surgery

Boarding Agreement

David H. Finlay, DVM

Michael K. Biles, DVM

Date Arriving _____

Date Leaving: _____

Owner: _____ Pet's Name: _____

Number in case of emergency: _____ or _____

Is your pet on medication? _____

Name of Medication and Frequency:

Are you providing Food for your pet? _____

Amount and Frequency:

Would you like other services performed while boarding?

Nail trim Vaccines Anal Glands Clean Ears Flea/HW treatment

Other _____

Would you like your pet bathed before going home? YES No

Should your pet become ill or injured while staying at Delta Animal Hospital I wish:

Any procedures deemed necessary by Doctors at Delta Animal Hospital

Please call me BEFORE treating my pet at all

We at Delta Animal Hospital promise to give your pet the best care possible. Your pet must be current on all vaccinations to be boarded in the kennel. Animals admitted with external parasites will be treated at the owner's expense.

Sign: _____

Date: _____