

Boarding Agreement

Michael K. Biles, DVM
David H. Finlay, 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:

Owners own food? _____ Amount and time pet eats: _____

Other services to be 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 Biles Animal Hospital I wish:

_____ Any procedures deemed necessary by Doctors at Biles Animal Hospital

_____ Please call me before treating my pet at all.

We at Biles 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 or internal parasites will be treated at the owner's expense.

Sign: _____

Date: _____