

ALOHA DOG & CAT HOSPITAL PC

17335 SW Tualatin Valley Highway, Aloha, Oregon 97006
phone 503.649.5611 fax 503.649.5961 email adchospital@aol.com

BOARDING AGREEMENT

PLEASE PRINT

Owner Name _____

Pet Name _____

Admittance Date _____

Expected Discharge Date _____

Feeding Instructions _____

Pet's Personal Possessions _____

Medications & Instructions 1) _____

2) _____

*** A fee will be charged daily for each medication given ***

At what number may you be reached while you are away? _____

Emergency Contact/ Authorized Agent

Phone Number

1) _____

2) _____

Check-in time is by 5:30 pm Monday thru Friday and by 4:00pm Saturday. Check-out time is 10:00am, otherwise another day's board is charged. There are no Sunday drop offs or releases.

Do you wish for your pet to be bathed while boarding? Yes No If you wish for your pet to have a bath before discharge, check-out time may be extended at no extra charge -- no Saturday baths.

~~///~~ Aloha Dog and Cat Hospital PC requires current (within one calendar year) Distemper combination and rabies vaccines on all boarding animals. Bordetella is also required for dogs. If your pet is not current on these vaccines they will be given and the expense will be part of your discharge invoice.

~~///~~ All internal and external parasites identified will be treated at the owner's expense.

~~///~~ If your pet becomes ill or if the state of your pet's health otherwise requires medical attention, the doctors at Aloha Dog and Cat Hospital PC, in their discretion, will administer treatment deemed necessary for the health and safety of your pet.

I hereby give permission for Aloha Dog & Cat Hospital PC to administer emergency treatment for my pet. I further agree to take responsibility for treatment and procedures received by my pet while boarding in the facility and understand that full payment is due upon discharge.

Date

Signature of Owner or Authorized Agent

