BOARDING AGREEMENT



ALOHA DOG & CAT HOSPITAL

17335 SW Tualatin Valley Highway, Aloha, OR 97003 phone 503.649.5611 *m*fax 503.649.5961 *d* email info@alohadogandcat.com

Owner's Name		Pet's Name
Admittance Date		Expected Discharge Date
Weight In		Weight Out
Food	Feeding Instruc	tions
Medications: * a fee will be ch	arged daily for each m	edication given*
Name	Instructions	Last Given
Belongings Left:		Date of Last Required Vaccines:
		Rabies
		FVRCP(cats)/ DAP (dogs)
		Bordetella(dogs)
 Check-in time is by 5:30pm Monday thru Friday and 4:00pm on Saturday. Check-out time is 10:00am, otherwise another day's board is charged. There are no Sunday drop offs or releases. 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 requires current 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 fee will be added to your 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, in their discretion, will administer treatment deemed necessary for the health and safety of your pet. I hereby give permission for Aloha Dog and Cat Hospital to administer emergency treatment for my pet while boarding in the facility and understand that full payment is due upon discharge. 		
Date	_	Signature of Owner or Authorized Agent
Phone Number to be reached	at while you are away_	
Emergency Contact/ Authorize	ed Agent	Phone Number