

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 _____

For the protection of your pet and others:

1. All dogs must have veterinary proof of current vaccinations for Distemper, Parvovirus (DHP-P), Rabies and Bordetella (Kennel Cough). This proof must show both the date each vaccine was administered, and when it will be due again.
2. All cats must have veterinary proof of current vaccinations for Feline Distemper, Panleukopenia (FVRCP) and Rabies. This proof must show both the date each vaccine was administered, and when it will be due again.
3. We reserve the right to treat any pet brought in dirty or with visible flea(s) or tick(s). We reserve the right to vaccinate any pet without proof of current vaccinations from an animal hospital. Any costs incurred by these treatments 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 emergency treatment. I understand that every reasonable effort will be made to contact me or my agent (emergency contact listed below) prior to surgical/medical treatments for my pet that have not been pre-authorized by me or my agent.
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