

Roeland Park Veterinary Center Boarding Contract

Owner's Name _____

Boarding Dates _____

Pet's Name(s) _____

Chart No. _____

In the event of a life threatening emergency, the doctor will attempt to stabilize your pet until you can be reached. You will be responsible for any fees incurred. If your pet requires non-emergency medical treatment we will attempt to reach you and the doctor will treat as needed.

- Initial ONLY if you DECLINE emergency treatment: _____

Exams, Vaccinations & Tests

All boarding animals MUST be current on the following:

- Dogs: Wellness Exam Rabies DHLPPC Bordetella Fecal Exam
- Cats: Wellness Exam Rabies FVRCP

If your pet has had these vaccinations/tests done at another veterinary clinic you are required to provide documentation. If your pet has not had any of these vaccinations/tests, or if you are unable to produce proper documentation, these vaccinations/tests can be done upon arrival.

- Pet is current
- Additional Optional Tests/Vaccines: Feline Fecal Exam Feline Leukemia Vaccine Canine Heartworm Test

Medications

We are happy to administer your pet's medications during his/her stay. An additional fee (\$3/day) will apply if the doctor is needed to administer medications.

Medication _____ Dosage _____ Last Given _____

Medication _____ Dosage _____ Last Given _____

Additional Instructions _____

Diabetic Pets

Diabetic pets require specialized supervision. Insulin and monitoring of meal intake is managed by a doctor and/or technician. A fee of \$28/day will be charged for this skilled care.

Insulin _____ Dosage _____ Last Given _____ Last Ate _____

Additional Instructions _____

Flea Prevention

Has your pet been treated with a flea preventative within the last 30 days? Yes No

If your pet has NOT been treated or evidence of fleas (live fleas/flea dirt) is found he/she will be treated at your expense.

Departure Bath Options

Deluxe: Brush, Bath, Blow Dry & Nail Trim (priced according to weight \$26-\$35)

Cleansing: Bath & Blow Dry (\$12)

Groom Please Describe: _____

No Bath

Pick Up Time (Estimated) _____

- If you have selected a bath please choose a time after 12:00pm. This way we can ensure your pet has had time to dry.

Personal Belongings _____

Additional Instructions/Feeding Instructions _____

Signature _____

Date _____

Contact Phone _____

Additional Contact Info _____