

Swift Creek Animal Hospital-Boarding Agreement

Pets Name _____ Drop off Date _____ Pick up Date _____

Feeding Instructions:

We provide a DRY diet (Royal Canin) for both cats and dogs. **Feeding wet food from our hospital incurs additional charges.*

Type of Food: _____ Hospital Food
_____ Personal Food (provided by owner)

Frequency of Feeding: _____ One time per day/How much do we feed?
_____ Two times per day/How much do we feed?

Vaccination Status:

Vaccines must be up to date prior to boarding drop off.

Dogs need DHPP, Rabies, Fecal Check and Bordetella.

Cats need FVRCP, Fecal Check and Rabies.

Additional Services:

___ Bath (with nail trim) Date of Bath _____ ***Pick up after 3 p.m.**

If we find any mats may we clip/shave them? Yes ___ No ___

___ Nail Trim ___ Dremel Nails (Based on how well your pet does, this may require sedation!)

___ Anal Glands ___ Brush Out with the Furminator

General Health Care:

___ My pet requires the following medications: (Additional \$3/day)

Medication: _____ Dosage _____

Medication: _____ Dosage _____

Medication: _____ Dosage _____

___ I would like the doctor to examine my pet for the following: _____

We will medicate your pet if he has any stress diarrhea while boarding with us

I understand that I will be charged for a standard office visit plus any additional fees for treatment and/or medication if your pet needs to be examined by a doctor.

Owner/Agent's Signature And Contact Phone Number: _____

Alternate person(s) authorized to pick up your pet: _____