

BOARDING AGREEMENT

VACCINATION POLICY

ALL PETS boarding at Animal Medical Professionals of Ooltewah are required to be currently vaccinated. For dogs: RABIES, DISTEMPER/PARVO, INSTESTINAL PARASITE EXAM and a 6-month BORDETELLA. For cats: RABIES, DISTEMPER, LEUKEMIA and INSTESTINAL PARASITE EXAM. If your pet is vaccinated at another facility, you must provide written verification. If you do not provide documentation, you will be charged any long distance telephone fees to obtain this information. **If your pet has not been examined by a Doctor at Animal Medical Professionals of Ooltewah within one year, an exam will be needed prior to boarding.**

POLICY ON FLEAS OR PARASITES

Your pet will be inspected for fleas/ticks/mites upon admission and prior to discharge from Animal Medical Professionals of Ooltewah. If any fleas/ticks/mites are observed, we require that your pet be bathed and treated prior to boarding at our facility.

OFFICE HOURS

Monday – Friday 7:30am – 6:00pm
Saturday Closed

PRICES

Please call us for pricing.

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Animal Medical Professionals of Ooltewah will use all reasonable precaution against injury, escape or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that if a medical problem is discovered, Animal Medical Professionals of Ooltewah will telephone the owner or emergency contact to discuss the problem and determine the best course of action to be taken. If the owner cannot be reached, the attending veterinarian has my permission to take the necessary steps to diagnose and treat in accordance with current medical standards. In case of emergency, measures to preserve and stabilize vital function shall be taken immediately. I assume full responsibility for lodging, veterinary services and any other expense incurred while my pet is boarded. I verify that I have read and fully understand and agree with the terms of this agreement.

Owner/Responsible Party Signature _____

I authorize the following person to pick up my pet: _____

Name: _____

Animal Medical Professionals of Ooltewah

Daily Progress

Staff Check In Front: _____ Staff Check In Back: _____

Pet's Name: _____ DOB/Age: _____

Check In Date: _____ Check Out: _____

PAMPERED PET SERVICES: Yes No

Kitty or Canine Comfort: Daily brushing, additional 10-minute play period, special cleaning as required, apple and carrot treats or Feline Savory cuts, extra loving care – additional \$8.00 per day.

Additional Play Period: 10 minutes of play time – add. \$4.00 per day

Bath Nail Trim Anal glands Other _____

Weight: _____ Checked for Fleas: Neg: Pos by _____

Leash: Gave Back No _____ Carrier: No Yes _____

Personal Items: _____

VACCINES Current: No Yes

Rv Bord Dhlp/Fvrpc Felv H/W Fecal Lyme

FOOD Brought Own: No Yes **Pulled from shelf:** No Yes

Describe: _____

Treats: _____

MEDICATIONS/DOSAGE Medication last given: _____

1. _____ q _____ hrs.

2. _____ q _____ hrs.

3. _____ q _____ hrs.

4. _____ q _____ hrs.

NUTRITIONAL SUPPLEMENTS: _____

5. _____ q _____ hrs.

6. _____ q _____ hrs.

Emergency Contact #: _____