

REQUIREMENTS FOR BOARDING

Client Name: _____

Pet Name: _____

Please read and initial all:

1. All animals must be current on all vaccinations and have had a fecal test with a negative result within the last 12 months. If vaccines or fecal test needs to be updated SVH has my permission to update them. _____
2. All animals must be free of external parasites (ticks, fleas, etc.) or they will be treated at my expense. _____
3. Salem Veterinary Hospital has permission to treat my pets should an emergency arise. _____
4. If sedation is necessary for treatment or handling, SVH has my permission to administer such medication. _____
5. Pets must have had an annual exam with our Doctors within the last year. _____
6. SVH will not be held responsible for any lost or damaged personal items left with the animal. _____

I have read the boarding requirements and understand the hospital's policies.

Signed : _____ Date: _____

Your Phone Number: _____

Emergency Contact (someone who can authorize any emergency treatment if we can't reach you).

Name: _____ Phone Number: _____

For Office use:

T: _____ P: _____ R: _____ Weight: _____ Flea Comb: _____

Date Due: Canine

Distemper/Parvo _____ Bordetella _____ Rabies _____ Heartworm Test _____

Intestinal parasite exam _____

Date Due: Feline

Feline Distemper _____ Rabies _____

Employee initials _____ Time check in: _____