



Oakhurst Veterinary Hospital

Boarding Contract

Date _____

We No Longer allow bedding and toys from Home

We Do provide blankets that are changed daily

Did you bring your pet's own food? Yes ___ No ___

If Yes – What _____

How is your pet fed? Once a Day – How Much: _____ (cups)

Twice a Day – How Much: _____ (cups)

Free Feed (we keep bowl full all day) _____

*****Medications*** Must be brought in with name of pet, type of medication, and proper instructions on the bottle the pills are in.**

Are there any problems we should know about? (Wounds-Lumps-Lameness)

NO___ YES___ Please describe what it is _____

Would you like a Doctor to look at it? NO_____ YES_____

If Exam is done, charges will be added at time of release _____Initial

Is your pet currently on a monthly flea/tick preventative?

If during your pet's stay with us, we find he/she has fleas and/or ticks, we will treat your pet with a topical flea/tick control automatically as needed as these parasites can be easily spread to other boarding pets.

A charge for treatment will be added at time of release _____Initial

If any other medical problems may be noticed while boarding:

___ Treat as needed (no need to talk to me first)

___ Call me before anything is done at this Phone Number (___) _____

In Case of Emergency,

Whom may we call (**This is a MUST**) Name & Number: _____

Check in & out times are as follows: 8-9am & between 12-2pm or 4:30-5:30pm

***** If pet is picked up after 5:30pm weekdays, or after 11:30am Saturday, an additional day of boarding will be charged _____ Initial**

*****After 6 pm weekdays, the pet will stay an additional night. (Office Closed)**

***** After 12 noon Saturday, the pet will stay until Monday. (Office Closed)**

*****There are NO pickups on Sunday (Office Closed)**

I have read and understand all the above:

Signature: _____ Date: _____

This person is responsible for the bill and treatment authorization