Countryside Veterinary Clinic's Boarding Agreement

We are pleased that you entrust us with your pet(s) while you are away! The following information will help ensure everything is in order for your pet's stay.

Client Name:		Date:
Pet Name:	Pet Name	e:
Pick-up Date:	Approximate F	Pick-up Time:
	es: Monday-Friday 8 am-7 pm. Saturday 8 overnight boarding services. Our overnig	
Contact number(s) where yo	ou can be reached while you are away:	
Mandatory Local Emergency	y Contact Person's Name:	
Relationship to Client:		Phone#:
	et's boarding stay. For the safety of our staf items.	to eat a different diet, please provide your own f and other boarding animals, Science Diet will be
Food Name:	Amount Pe	er Meal
each individual medication b	should be clearly labeled in the <u>original co</u> below and what time the medication was las ge to administer medications/supplemer	
Medication:	Directions:	Last given:
Medication:	Directions:	Last given:
If your dog is boarding and y Please request baths to be	se call our office to ensure your pet is ready you would like a bath and/or nail trim to be g e done the day before if you plan to pick Pet(s) is to be bathed:	up your dog BEFORE 11 am.
-	ge, is your pet aggressive with/under any of Territory/Cage [] Dogs [] Huma	
Other (please explain):		
	aily charge for dogs boarding and is optiona No [] Has your dog had an evaluatio	al. on for day camp at Countryside? Yes[] No[]

ADDITIONAL SERVICES (We are happy to help you with other needs. Ask receptionists for costs.)			
ANOREXIA If your dog or cat is not eating well during their stay, we will entice them to eat by hand feeding and offering other dry or canned foods. We may deem it necessary to administer a safe appetite stimulant. If an appetite stimulant and/or special diet to entice eating is needed, a charge will be added to your bill			
STRESS DIARRHEA Sometimes your pet may experience diarrhea from stress while boarding. In that instance your pet will be examined by a veterinarian and a stool sample may be tested. We may deem it necessary to administer a safe probiotic or Metronidazole and/or prescription diet. If any of these are needed, a charge will be added to your bill.			
ILLNESS AND INJURY Countryside Veterinary Clinic takes all possible precautions to avoid illness and injury to your pet while here. If your pet becomes ill or in the event of an accident or injury, we will call the emergency numbers listed above. If no one can be reached, we will perform any treatment deemed necessary by a veterinarian. Medical costs may become your financial responsibility.			
PROOF OF VACCINES Required vaccines for Dogs: Rabies, DA2PP, Bordetella, and Canine Influenza vaccine. Required vaccines for Cats: Rabies and FVRCP. If not up to date, or unable to provide proof of vaccination, your pets will be given any missing required vaccines. A physical exam will also be given if receiving DA2PP, FVRCP or Rabies, or if receiving any vaccine and your pet has not had a physical exam with us within the last year. These charges will be added to your bill.			
PARASITES If any parasites are found on or within the feces of your pet while boarding with us, your pet will be treated before entering our boarding facility. These charges will be added to your bill.			
PERSONAL ITEMS Clean bedding will be provided for all pets boarding with us. Your pet's boarding area is cleaned thoroughly daily (or more often as needed). We prefer to use and wash our own bedding but if your pet requires you to provide special bedding, please label it with a permanent marker. Although we make an effort to return all items left with us, COUNTRYSIDE VETERINARY CLINIC IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS LEFT WITH PETS.			
24-HOUR SUPERVISION Countryside Veterinary Clinic does not provide 24-hour supervision			

ANIMAL ABANDONMENT

According to Maryland State Law, if an animal is abandoned under our care, it becomes the property of our hospital.

By signing below, I have read and agreed to all the terms of this I Clinic.	boarding agreement by Countryside Veterinary
Client Signature:	Date:
Client Printed Name:	