

Croix Valley Veterinary Hospital

655 O'Neil Rd., Hudson, WI 54016 715-386-9052

Boarding Agreement

Pet Owner _____ Pet Name _____
Check in _____ Check out _____
Emergency Phone Number (Required) _____
Person/Number to contact if you cannot be reached _____

Vaccination Policy: To insure the protection of all pets under our care, the following must be up to date:

Dogs: Rabies, DHPP, & Bordetella Cats: Rabies & FVRCP

If not up to date or unable to provide proof of vaccinations, vaccinations will be administered upon entry into the hospital at the owner/caregiver's expense along with an examination if we have not examined this pet in the last year.

In addition, if any fleas are observed on your pet while boarding, he/she will receive flea treatment at owner's expense.

Owner supplied food: No Yes Feeding Instructions: _____

Bathing, nail trims, and anal gland expression are available during your pets stay for an additional fee.

Bath Yes _____ No _____ Nail Trim Yes _____ No _____ Anal Glands Yes _____ No _____
Initial Initial Initial Initial Initial Initial

My pet is taking medication(s) Yes No

List medications: _____

There will be a daily medication fee if medication(s) are needed.

Medical Release: [please select one of the following]

One of the advantages of boarding your pet at our Hospital is that veterinary care is readily available should the need arise. As Pet Owner, please **initial** your choice(s) below:

_____ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is not necessary to contact me prior to these services and/or treatments. I accept full responsibility for additional costs incurred in the medical treatment of my pet.

-OR-

We will call the emergency number listed above regarding your pet's symptoms, treatment options and give you an estimate of additional costs. In the event that I am unavailable:

_____ I elect minimal treatment for my pet to prevent life-threatening concerns. I understand that minimal treatment can include the need for intravenous fluids, oxygen, and possibly intensive care treatments. I understand and agree that I will be financially responsible for the total amount of all treatment costs.

_____ I decline treatment for my pet without my permission. I understand that if I am unavailable and my pet's life is threatened, no treatment will be done, and, I hereby release Croix Valley Veterinary Hospital and its representatives of any and all responsibility and/or liability.

I certify that I am the owner/caregiver, or authorized agent of the owner/caregiver, of the above named animal and that I am eighteen (18) years of age or over. I agree to make payment in full to Croix Valley Veterinary Hospital at the time my pet is discharged. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past 10 days (I understand that if I fail to pick up my pet within 10 days of notification to the address on file with my pet, he/she will be considered abandoned.) This will be handled in accordance with Wisconsin state law and I will not be relieved of any financial obligations incurred.

Pet Owner Signature: _____ Date: _____

OFFICE USE ONLY (Check only if needed)

Required Vaccines: Rabies: Bordetella: DHPP FVRCP Exam

Optional Vaccine: Lepto Lyme Influenza Fel Leuk Other: 4DX HWT Fecal