

Willowbrook Veterinary Clinic

Boarding Information Form

Pet's Name: _____ Owner's Name: _____

Address: _____ Zip: _____

Home Phone: (_____) _____ Work Phone:(_____) _____

Cell Phone: (_____) _____ Cell Phone:(_____) _____

In case of emergency:

Alternate Phone: _____ Name of Contact & Relationship: _____

Boarding Dates: Drop off date/time _____

Pick up date/time _____

Items left with pet: _____

Services your pet is to receive while boarding(ie. bathe, microchip, dental, shave coat...):

Health Issues(if any): _____

Medication instructions (if any): _____

Drug or Vaccination Allergies (if any): _____

Feeding Instructions: _____

Special Instructions: _____

We want to keep your pet healthy and happy. To help insure a healthy environment for all pets, a PHYSICAL EXAMINATION is required and an examination fee will be charged for all pets that have not been examined here within the last 6 months. All vaccines must be current and proof of vaccinations must be provided; otherwise a physical examination and vaccines will need to be given while your pet boards with us. Thank you for your cooperation

If a medical problem is found, the staff of Willowbrook Veterinary Clinic will contact the owner or emergency contact to discuss the problem and discuss the course of action to be taken. In the event that the owner/owner's agent is unable to be reached, if an illness or emergency occurs, I, the owner/owner's agent, give the staff of Willowbrook Veterinary Clinic permission to take the following steps:

- ___ Take whatever steps deemed necessary to care for my pet, no matter the cost.
- ___ Take whatever steps deemed necessary to care for my pet, not to exceed \$_____.
- ___ Take steps to stabilize and maintain life until I or my agent can be contacted.
- ___ Take NO steps, except to alleviate pain and suffering.
- ___ Other _____

I, the undersigned, by signing this contract represent that I am the owner(agent) of said pet and am personally liable for all expenses for lodging, veterinary services, and any other expenses incurred during my pet's stay.

Signed: _____ Date: _____