

Mill Creek Animal Hospital Boarding/Treatment Agreement

Pet Name _____

Boarding Dates From _____ To _____

Items Left With Pet: Feeding
Own Food: Wet or Dry Instructions _____

Medications _____

Blanket/Bed/Toys (describe) _____

Disclaimer: the staff at Mill Creek Animal Hospital cannot assume responsibility for items left with your pet while boarding. Please make sure everything is clearly marked with your pet's name.

Please Note: We are staffed at least ten hours a day during the week. On the weekends, staff is here for several hours each morning and afternoon. Mill Creek is not staffed 24 hours a day.

Policy: For the safety of your pet, as well as other animals in the clinic and our staff, we require that all animals staying at Mill Creek be current on basic vaccinations. For dogs this includes DHLPP-Parvo, Kennel Cough (Bordetella), Canine Influenza (H3N2) and Rabies. For cats this includes FVRCP-C and Rabies.

These vaccinations will be given by us if current verified vaccination information is not supplied by the owner or his/her agent at the time the pet checks in. In addition, all animals will be inspected for external parasites (fleas and ticks) and treated as necessary. Payment for any necessary vaccinations or treatments will be the responsibility of the owner.

Emergency Contact Name and Phone Number:

Should treatment other than the above be required while the pet is under our care, we will communicate with the person you designate below. If no one is designated, this indicates we have your permission to proceed with treatments we deem necessary:

Name _____ Phone _____

Agreement: I have read and understand the statements of the policy above. Should medical or surgical care be required for the pet named above, I give permission for all necessary treatment to be performed. Such treatment would include emergency treatment and treatment of health problems that develop, or require intervention, while the pet is at the clinic, as determined by the veterinarian on duty.

While my pet is here, please provide the services I have indicated below:

- | | |
|---|---|
| <input type="checkbox"/> Microchip Identification Implant | <input type="checkbox"/> Bath (includes ear cleaning & nail trim) |
| <input type="checkbox"/> Annual Exam including vaccinations | <input type="checkbox"/> Nail trim (\$16.00) |
| <input type="checkbox"/> Heartworm Exam | <input type="checkbox"/> Anal Glands expressed (\$18.00) |
| <input type="checkbox"/> Intestinal Parasite Exam | <input type="checkbox"/> Other (Specify) _____ |

Owner/Agent Signature _____

Phone _____ E-Mail _____

Date _____ Witness _____

Animals are released only during scheduled business hours, which are as follows (except for Holidays) Monday 7:30 am – 7:00 pm, Tuesday –Friday 7:30 am-6:00pm, Saturday 8:30am – 12:30pm.