



Gates County Animal Clinic

66 Tinkham Road, Eure, NC 27935 · (252) 357-2557

Boarding Agreement

Check in: _____ AM PM

Check out: _____ AM PM

Pets Name _____

Owners Name: _____

Medications Required: _____

Treatments Needed: _____

Feeding Instructions: _____

Additional pet information you wish us to know: _____

Owner supplied food: No Yes Type: _____

Bedding or other items: No Yes Type: _____

(We recommend not bringing your pets own bed as we provide clean blankets and cots for all dogs. If you do bring a bed for your pet, please be aware that it may become wet or soiled during kennel cleaning and we are not always able to fit it in our washer).

Bath prior to pick up: No Yes

Emergency Contact Name: _____ Phone: _____

Alternate Contact Name: _____ Phone: _____

Please read carefully:

Bordetella, Parvo, Distemper, and Rabies Vaccinations are required upon admission and proof of current vaccines are the owner responsibility and must be submitted on paper if administered at another facility for pets that have had vaccines administered at Gates County Animal Clinic our records will be the source for verification. Pets that do not have proof will be denied admission for boarding or vaccines will be administered on check in and appropriate wellness exam will be completed by the veterinarian. In addition, **your pet will be checked for external parasites such as fleas, lice, and ticks and if parasites are found then your pet will be treated. Required treatments are at your expense.** Positive Negative – *Initials of Staff Member* _____

I understand that reasonable precautions will be used against injury, escape or death of your pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any emergency problems that develop with my pet will be treated as deemed best by the veterinarian and I assume full responsibility for the treatment expense involved.

By signing below I agree to the terms above.

Owner or designee's signature

Date

OFFICE USE ONLY (Check only if needed)

Required Vaccines: Rabies: 1yr 3yr Bordetella: DA2PP:

Optional Vaccines: Lepto Lyme Influenza

Other: HW Test: Ag 4DX Fecal Float HW/Flea/Tick _____

Coat Condition: _____

Staff Initial: _____