

**ANIMAL CARE CLINIC**  
131 CHURCH ST. NE  
CONCORD, NC 28025  
(704) 786-6669

**BOARDING AGREEMENT**

DATE \_\_\_\_\_

Client ID: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Patient ID: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_

Emergency Contact #1

Emergency Contact #2

Name \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_

REQUIRED VACCINATION RECORD DUE DATES:

RABIES \_\_\_\_\_  
DAP-4L/FVRCP \_\_\_\_\_  
BORDETELLA \_\_\_\_\_

NOTE: All vaccination records will be verified on intake. Please bring proof of current vaccinations to the clinic, if they were not given by Animal Care Clinic.

DATE OF LAST FLEA TREATMENT \_\_\_\_\_

PRODUCT USED \_\_\_\_\_

ON HEARTWORM PREVENTION? YES[ ] NO[ ]  
DO YOU NEED YOUR PET BATHED? YES[ ] NO[ ]  
DO YOU NEED YOUR PET'S NAILS TRIMMED? YES[ ] NO[ ]

MEDICATIONS TO BE GIVEN/DOSE:

REFILL?

1. \_\_\_\_\_ YES[ ] NO[ ]  
2. \_\_\_\_\_ YES[ ] NO[ ]

DIET/FOOD: BROUGHT FROM HOME [ ] PRESCRIPTION [ ] If so, what kind? \_\_\_\_\_ ACC[ ]  
AMOUNT TO BE FED IN THE: MORNING \_\_\_\_\_ EVENING \_\_\_\_\_

REQUIREMENTS FOR BOARDING

1. All pets must be current on required vaccinations. If not vaccinated at Animal Care Clinic, proof of vaccination is required.
2. All pets must be free of external parasites (ex. Tick, fleas, etc.) or they will be treated at owner's expense.
3. Prescription diets used while boarding will be billed as a separate expense unless provided by the owner.
4. Every attempt is made to care for your pet's luggage however, blankets, towels toys, leashes and bedding are left at your own risk. We are not responsible for loss or damage to personal items.

MEDICAL RELEASE

If your pet becomes seriously ill while boarding all efforts will be made to contact you promptly. In the event medical care becomes necessary, I

AUTHORIZE ANIMAL CARE CLINIC TO:

- [ ] PROCEED AS GOOD MEDICINE DICTATES  
[ ] PROCEED AS GOOD MEDICINE DICTATES UP TO \$ \_\_\_\_\_  
[ ] **DO NOT PROCEED** WITHOUT CONTACTING ME FIRST. I UNDERSTAND THAT THIS MAY CAUSE A DELAY IN TREATMENT IN THE EVENT I CANNOT BE REACHED IMMEDIATELY.

I agree to make complete payment to Animal Care Clinic at the time of discharge. I understand that if I fail to pick up my pet within ten (10) days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with NC state law. And that doing so does not relieve me of my financial obligations.

\_\_\_\_\_  
(Signature of legal owner or responsible person)

\_\_\_\_\_  
(Printed name of legal owner or responsible person)

Date \_\_\_\_\_

tech initials \_\_\_\_\_

receptionist initials \_\_\_\_\_

