

# BOARDING

OWNER \_\_\_\_\_

DATE \_\_\_\_\_

Date pet(s) to be picked up \_\_\_/\_\_\_/\_\_\_ ( Pets may only be picked up during normal office hours)

Pet's Name	1.	2.	3.
Food Brought (circle one)	No / Yes	No / Yes	No / Yes
Feeding Instructions			
Medications \$5/day administration fee			
Time medication last given			
Medication instructions AM / PM			
Bath ( PM pick up only)			

Proof of vaccinations must be provided at time of admission , if not vaccinations will be administered .

RCVC requires DOGS = DHP PV RABIES BORDETELLA    CATS = FVRCP FELV RABIES

All pets will be given a capstar tablet upon admission and discharge for flea control at \$6.50 ea

Do we have your permission to treat any illness (at your expense) as the Veterinarians deem medically necessary? (circle one)    Yes    /    No, do not treat my pet(s) for any illness.

Dr. Examination / Vaccinations / Labwork : (Circle One)    No    Yes (Please List)

\_\_\_\_\_

\_\_\_\_\_

Prescription Refills: Heartworm preventions, food, medications, etc. (Circle one) No    Yes

(Please List) \_\_\_\_\_

In Case of illness or injury, I do hereby give my consent for veterinarians of Rockwall County Veterinary Clinic to treat, prescribe for, or operate on my pet(s) while they are being boarded at the hospital. I understand that every effort will be made to contact me prior to any procedures being performed, but emergency and/or necessary treatment will not be withheld if contact is not made. The hospital is to use all reasonable precautions against illness, injury or escape of my pet(s), but the hospital will not be held liable or responsible for care or treatments that are beyond its control. I understand that Rockwall County Veterinary Clinic closes at 6:00 pm Monday - Friday and at 12:00 noon on Saturday.

Payment is to be made at pick up. I agree to pay in full for services rendered, including those deemed necessary for medical complications or unforeseen circumstances.(please initial)\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of Owner or Authorized Agent

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_