

# Market North Veterinary Hospital, LLC

Luis G. Iturriaga, D.V.M.

## **BOARDING AGREEMENT EXOTIC**

Owner \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### **Pet Information**

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_  
Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Neutered/Spay ☐ Yes ☐ No

### **Boarding Information**

Diet \_\_\_\_\_  
How Much? \_\_\_\_\_ How many times a day? \_\_\_\_\_

Reasonable precaution will be used against injury, escape, or death of this pet. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions followed. I understand that if my pet has any external parasites or any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, ALL BOARDING PATIENTS MUST BE CURRENT ON THEIR PHYSICAL EXAM AND FREE FROM INTERNAL AND EXTERNAL PARASITES.**

\_\_\_\_\_  
Today's Date      Pickup Date/Time      Medications Required/Special instructions

\_\_\_\_\_  
Your Signature

### **To be filled before boarding (hospital staff only)**

Has the pet had a physical exam in the past 12 months? ☐ Yes ☐ No  
Has the pet had a fecal exam in the past 12 months? ☐ Yes ☐ No

**\*If the pet is receiving treatment, owner must fill a brief workup sheet**

**\*If the pet is receiving annual vaccinations, owner must fill a general workup sheet**

\_\_\_\_\_  
Receiving Technician/Assistant Signature