

Market North Veterinary Hospital, LLC

Luis G. Iturriaga, D.V.M.

BOARDING AGREEMENT

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, VACCINES, 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)

Are the pet's vaccinations current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the pet had a fecal exam in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pet current on heartworm preventative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pet current on flea/tick preventative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the pet been vaccinated against Tracheobronchitis (Bordetella)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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