

North Iredell Animal Hospital
211 Woodpecker Rd., Statesville NC 28625
704-876-2031 Fax 704-876-2034

Boarding Agreement

DISCHARGE IS ONLY DURING BUSINESS HOURS

Client/Patient Label

Owner: _____

Date In: _____

Pet's Name(s): _____ 2 Pets Board: Together OR Separate

Pet's Belongings: _____

Pet is on Medication: No OR Yes Estimated Pick up Time: _____

If so what instructions: _____

Pet is to be bathed before pick up: No OR Yes (Complimentary)

Special Instructions: _____

Please note that animals dropped off at the hospital must be current on their vaccines and parasite free. If vaccines are not up to date, or unable to provide proof of vaccination, I acknowledge that NIAH will perform them at my expense. Initials: _____ Date: _____

Medical Illness Policy:

One of the advantages of boarding your Pet(s) at a veterinary hospital is that Veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and provide an estimate of additional costs. However, if no one can be reached please indicate your wishes below should your pet require treatment to relieve immediate discomfort or resolve the medical condition.

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

_____ Please perform whatever services the Doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (circle one) **\$100.00** OR **\$200.00** for medical care of my pet(s) until someone can be reached.

_____ **Do Not** administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet(s) at the above specified date and time. If circumstances change I will notify your office and make arrangements.

Owner/Agent _____ Date _____

Phone Number: _____