

Best Friends Veterinary Hospital

5417 S Mingo Road, Tulsa Ok 74146

918-663-7595 918-663-2503 Fax

Boarding Agreement

Date of Drop off _____ Date of Pickup _____
Owner _____ Email _____
Address: _____
Email: _____ Emergency Numbers _____
Pet(s) _____

Feeding Schedule ___ 1x a Day ___ 2x a Day How much at feeding? _____

Special instructions, foods, medications, etc: _____

NOTE: We discourage bringing personal items for your pet during their stay as we have plenty of bedding material and toys. Any items left need to be permanently marked with the Owner's first and last name. **Be aware we can't guarantee return of these materials.**

Vaccination Policy: It is the responsibility of the owner to provide proof of up-to-date vaccinations at the time of drop off. If vaccinations are not up to date, the clinic will provide required vaccinations and owner will be charged to ensure the safety and health of staff and other pets in the clinic.

Required vaccinations for a dog includes: DA2PPV, Bordetella and Rabies.

Required vaccinations for cats includes: FEVRTV and Rabies.

Request for professional services to be performed while pet is here: _____

**** If any fleas or ticks are found on your pet, it will be treated and appropriate charges added to the bill.**

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

___ Please perform whatever service the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatment and necessary diagnostics.

___ I authorize up to (check one and indicate amount) \$100 ___ \$200 ___ \$ 300 ___ \$(other) _____

___ 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) on the above-specified date. If circumstances change, I will notify the veterinarian of a new pick-up date. NOTE: Unless arrangements have been made for a later pickup date, **any pet(s) left 5 days past the expected date of pickup, becomes property of Best Friends Veterinary Hospital.**

Owner/Agent for pet(s)

Date

NOTE: If you are a new, first time client, 1/2 of your total boarding cost is due upon check in.

We would like permission to use pictures of your animal on FaceBook Initial _____