

BOARDING AGREEMENT

Roland Veterinary Clinic

58931 130th St.

Roland, IA 50236

Owner's Name: _____ Date: _____

Address: _____ City/State _____ Zip Code _____

Emergency Contact _____ Phone: _____

Animal's Name/s _____

Species _____ Breed _____ Color _____

Age _____ Sex _____ Spayed/ Neutered _____

Current on Vaccinations? ___ yes ___ no Rabies, Distemper, Bordetella

Clinic used for vet care (if not Roland Vet Clinic) _____

Has your pet/pets been ill the last 5 days? Diarrhea _____ Vomiting _____ Coughing _____

******* PLEASE PROVIDE PROOF OF CURRENT VACCINATION STATUS*******

Special Diet? _____

Medication required? _____

Pick-Up-Date/Time _____

Special Instructions _____

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

Owner or Responsible Party