

BOARDING AGREEMENT

MORTON GROVE ANIMAL HOSPITAL, P.C.

9128 Waukegan Road
Morton Grove, IL 60053
☎ (847) 965-4010
Fax: 847-965-0512

Drop Off Date _____ Date of Pick-up _____ AM PM

Owner (s) _____

Pets Boarding: _____	Walks / Playtimes (\$8.00 every 10 min.)				Bath		Nails	
	None	1x/day	2x/day	Yes	No	Yes	No	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does your pet have any problems that need to be checked by a doctor? _____

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Blankets, Toys, etc.) _____

WHILE EVERY EFFORT WILL BE MADE TO RETURN YOUR PET'S BELONGINGS,
WE ARE NOT RESPONSIBLE FOR ITEMS LEFT WITH YOUR PET.

Special instructions- Include detailed medication directions**, feeding instructions and anything you wish the doctor to check for:

FEED: _____

FOR YOUR PET'S HEALTH

VACCINATION POLICY*

To ensure the protection of all pets under our care, the following must be up-to-date:

DOGS: ___ Rabies ___ DHLPPC ___ Bordetella ___ Stool Exam (Stool exam within past 12 months)

CATS: ___ Rabies ___ FVRCP ___ Stool Exam (Stool exam within past 12 months)

- ◆ ****If not up-to-date, or if unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy.***
- ◆ ***If any fleas / ticks are observed on your pet(s) while boarding, he / she will be treated at the owner's expense.***
- ◆ *****Any medications administered during boarding will incur additional expenses.***

MEDICAL ILLNESS POLICY (Select one)

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that 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. If no one can be reached, however, 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 services the doctor deems necessary for the best care of my pet until someone can be reached.

_____ I authorize up to (check and indicate amount) \$_____ in medical care for 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) on the above specified date. If circumstances change, I will notify the veterinarian of a new pick-up date. **If I have not called or picked up my pet within 7 days of the scheduled pickup date, I understand that my pet will be considered as an abandoned pet and that Morton Grove Animal Hospital will dispose of him / her at their discretion.**

Date

Owner / Agent for Pet(s)