

**BOARDING AGREEMENT  
BROOKFIELD ANIMAL HOSPITAL**

OWNER'S NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PET'S NAME \_\_\_\_\_

PICK-UP DATE & TIME (APPROX.) \_\_\_\_\_

IN EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

DIET (TYPE OF FOOD & AMOUNT) \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS REQUIRED:**

DRUG NAME

INSTRUCTIONS

DAY & TIME LAST GIVEN

DO YOU WISH YOUR PET TO HAVE A BATH PRIOR TO PICK-UP? \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

To protect the health of all pets boarding with us, any pet that is diagnosed with intestinal parasites or fleas will be treated at the owner's expense.

The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Every effort will be made to contact you or your designated emergency contact if any problem develops. 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 expense involved.

\_\_\_\_\_  
Owner or Responsible Party