



Family VetCare of Mesa 480-892-7958  
 Family VetCare of Phoenix 480-759-9494  
 Family VetCare of Chandler 480-940-9494  
 www.familyvetcare.com

**Reserved Suite**  
# \_\_\_\_\_

### Boarding Agreement Form

**Date:** \_\_\_\_\_ **Client #** \_\_\_\_\_

**Pet Owner** \_\_\_\_\_ **Pet Name** \_\_\_\_\_

**Date In** \_\_\_\_\_ **Time In** \_\_\_\_\_ **Date Out** \_\_\_\_\_ **Time Out** \_\_\_\_\_

**Emergency Phone Number (Required)** \_\_\_\_\_

**Person/Number to contact if you cannot be reached** \_\_\_\_\_

**Vaccination Requirements:** To insure the protection of all pets under our care, the following must be current:  
**Frontline:** current/needs    **Bordetella:** current/needs    **Rabies:** current/needs    **Ann. Booster:** current/needs

**Medical Release (please select one of the following)**  
 One of the advantages of boarding your pet(s) at our Hospital is that Veterinary attention is readily available should the need arise. As Pet Owner, *please initial your choice(s) below:*

Pet Owner Initials \_\_\_\_\_

\_\_\_\_\_ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is not necessary to contact me prior to these services and treatment. I accept full responsibility for additional costs incurred in the medical treatment of my pet.

**OR**

We will call the emergency number listed above regarding your pet's symptoms, treatment options and give you an estimate of additional costs. In the event that I am unavailable:

\_\_\_\_\_ I elect minimal treatment for my pet to prevent life-threatening concerns. I understand that minimal treatment can include the need for intravenous fluids, oxygen, and possibly intensive care treatments. I understand and agree that I will be financially responsible for the total amount of all treatment costs.

\_\_\_\_\_ I decline treatment for my pet without my permission. I understand that if I am unavailable and my pet's life is threatened, no treatment will be done, and, I hereby release Mesa Animal Medical Clinics Ltd. and its representatives of any and all responsibility and liability.

Does your pet have any continuing and or current medical problems? \*\*    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state Medical Problem: \_\_\_\_\_ Primary Care Veterinarian \_\_\_\_\_

Is your pet on medication? \*\*    No \_\_\_\_\_ Yes \_\_\_\_\_ List Medication(s): \_\_\_\_\_

**\*\*If yes, to either question, a Doctor will determine if a Physical Examination of your pet is necessary.**

I understand that it may be determined that my pet will reside in the treatment area for the duration of the boarding visit. \_\_\_\_\_

I understand that in some cases pets experience stress while boarding, this may cause diarrhea.

\_\_\_\_\_ If needed, please bathe my pet. I accept full responsibility for all costs involved. (Pet Owner Initials) \_\_\_\_\_

\_\_\_\_\_ I decline the option of having my pet bathed. (Pet Owner Initials) \_\_\_\_\_

**Eyes:** Clear / Other \_\_\_\_\_    **Ears:** Clean / Other \_\_\_\_\_    **Nose:** Clear / Other \_\_\_\_\_    **Coat:** Healthy / Other \_\_\_\_\_

**Teeth:** Clean / Other \_\_\_\_\_    **Mobility:** No Problems / Other \_\_\_\_\_    **Other:** See Doctor/Tech: \_\_\_\_\_

I accept **responsibility for all fees** incurred during the boarding of my pet. I understand that my pet must be current on vaccinations and that a flea and tick treatment is required upon arrival for all pets staying at the resort. I am aware that **no personnel are on premise for 24-hour care.** I hereby release Family VetCare of Mesa/Phoenix and its representatives from any and all liability for any injuries or illnesses incurred while my pet is boarded. I also understand that Family VetCare of Mesa/Phoenix is not responsible or liable for any personal property brought with my pet, this includes any damage, cleanliness and/or loss that may occur.

**Pet Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*"Complete Care From Head To Tail"*