

# Pleasant Valley Veterinary Clinic

## Boarding Requirements

Client Name:

### PLEASE REVIEW AND SIGN AT THE BOTTOM OF PAGE

#### These requirements are applicable to every pet every boarding visit.

- **All pets boarding must be current on yearly vaccinations and yearly fecal float.** Written proof of vaccinations/negative fecal float must be provided by pet's veterinarian. If records are not provided or my pet is not up to date, I understand that PVVC will administer the appropriate vaccines and fecal testing for my pet and charges will be added to the bill. If there is a medical reason your pet should not have vaccines please discuss with a staff member to be approved by veterinarian. Minimum required for dogs: DAP, BORD, RABIES, **CANINE INFLUENZA**, F/F. Required for cats: FVRC, RABIES, F/F.
- **All pets must be free of external parasites (FLEAS/TICKS) and internal parasites (intestinal worms).** If found on your pet during the stay your pet will be treated as PVVC determines necessary and the cost of treatment will be added to the bill.
- If your pet is to be picked up by someone other than the owner, the bill must be paid in full before the pet is released.
- **All reasonable precautions will be used to prevent injury and escape of the pet.** PVVC is not responsible for the actions of the pet that may cause injury and/or escape. If two or more pets in a single run fight, they will be separated and you will be charged accordingly.
- All pets not picked up within 7 days after expected date of pickup will be considered abandoned. PVVC is given authorization to make arrangements for the pet(s) as they deem best.
- **PVVC is not responsible for personal belongings of pets.** If you wish to leave a toy, personal item or food item please label with first and last name.
- PVVC does not board aggressive or dangerous animals.
- **PVVC will always contact you if there is an illness or life threatening emergency. If I cannot be contacted I authorize up to \$\_\_\_\_\_ of treatment. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be reached, my pet will NOT receive further medical treatment even if the problem is life threatening.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_