



Universal Animal Clinic **Boarding Agreement**

Owners Name _____

Emergency Contact _____

Emergency # _____

Pet's Name _____

Species _____ Breed _____

Special Diet _____ Medications _____

Drop Off Date _____ Pick Up Date _____

Please Read policy and check off any services of the following you would like done
while your pet is boarding with us

____ Bath upon Depart **(No Bath During Holiday Boarding)**

____ Frontline: Give on this date _____

____ Comfortis: Give on this date _____

____ Heartgard: Give on this date _____

____ Revolution Application: Give on this date _____

____ Toe Nail Trim

*Long term boarding (1 month or longer) will paid up front, or a payment plan agreed upon.

*If animal is left with no call from owner for a maximum of 2 weeks after pick up date, pet will be treated as abandoned.

*Reasonable precautions will be used against injury, escape or death of your pet(s). 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 and veterinarian and I assume full responsibility for the treatment expense involved.

*All animals should be up to date on vaccinations. If we do not see proof of vaccinations, then vaccinations will be given at owner's expense.

*Animals may soil themselves during their stay. In that event bath(s) may be necessary. I assume responsibility for the expenses involved.

Owner or Responsible Party's Signature _____