



**Scottsville Animal Hospital**  
**1590 Old Gallatin Rd**  
**Scottsville KY 42164**  
**270-237-3688**  
**sanimalhospital@windstream.net**

## Boarding Agreement

Drop off date

Pick up date

**Client Name:**

**Patient:**

**Address:**

**Species:**

**Breed:**

**Sex:**

**Phone Number:**

**Color:**

**Emergency**

**Phone:**

**Contact:**

*(There will be an additional charge per day for administration of medications while boarding.)*

<b>Pets Name</b>	<b>Belongings</b>	<b>Medications</b>	<b>Special Diet</b>	<b>Feeding(1x or 2x)</b>
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**Has your pets eaten today already?**  Yes  No

(  )  Yes, please give \_\_\_\_\_ a bath on \_\_\_\_\_, at my expense.

(  )  No, I do not want a bath.

(  )  Yes, please take a picture of my pet while he/she is boarding and post on the clinic Facebook page so I can see my pet while I am away.

**Medical Illness Policy:** If any of the boarding pets become ill, we will call the phone numbers listed above. Treatment options and estimates will be released to that contact. If no one can be reached, please indicate your wishes below.

(  )  Please perform any services required that the doctor deems necessary for the care of my pet.

(  )  I authorize up to \$100 in medical care for my pets.

(  )  I authorize up to \$250 in medical care for my pets.

(  )  Do not administer any medical treatment on my pet until authorization is given.

**Vaccination Policy:** To insure the protection of all pets in our care, your pet's vaccinations must be up to date. If your pet's vaccinations are not current, they are required to be updated before boarding in our facility.

**Parasite Policy:** We promote a flea and tick free facility. We recommend your pet be on preventions year round. **If your animal comes to board with us and has fleas or ticks, we will treat them at your cost.**

I intend to pick my pet(s) up on the above date. If I am unable to do so, I will contact SAH to make further arrangements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_