



3954 South Pacific Highway, Medford, OR 97501

www.roguevalleypetdr.com

(541) 535-6923

phoenixanimalhospital@gmail.com

Boarding Agreement

Date: _____

Owner's Name: _____

Pet's Name: _____

Pick Up Date: _____

Thank you for choosing to board your pets here with us. In order to keep your pets healthy we ask that animals be current on vaccines and show proof of vaccines. If fleas and ticks are found, they will be treated for.

<u>Canine</u>	<u>Date</u>	<u>Feline</u>	<u>Date</u>
<input type="checkbox"/> Dhlpp	_____	<input type="checkbox"/> FvrCP	_____
<input type="checkbox"/> Rabies	_____	<input type="checkbox"/> Felv/FIV	_____
<input type="checkbox"/> Bordetella	_____	<input type="checkbox"/> Rabies	_____
<input type="checkbox"/> Flea Cont.	_____	<input type="checkbox"/> Flea Cont.	_____

If your pet is due for any vaccines we can administer these for you, during their stay.

The following can be done at your request during boarding:

<input type="checkbox"/> Bath	_____	Toenail clip	_____
<input type="checkbox"/> Yearly Exam	_____	Anal Glands	_____
<input type="checkbox"/> Heart worm test	_____	Microchip	_____

Please list below any items being left for your animal

- ☐ Medication: _____
- ☐ Bedding (desc. _____)
- ☐ Leashes (#/desc. : _____)
- ☐ Toys (#/desc. : _____)
- ☐ Food instructions : _____
- ☐ Is it ok to give Treats or Chews Yes or No

In the event that my pet becomes ill, I hereby authorize Phoenix Animal Hospital (PAH) and its staff to treat/care for my companion as they see fit, and in rare circumstances transfer by PAH staff to Southern Oregon Veterinary Specialty and Emergency Center in the event that a condition can not be managed at PAH. Every attempt will be made by PAH staff to reach me, the owner or authorized person, once the emergent situation allows.

I authorized an amount of: \$_____ to be used only for emergency care of my pet. I assume full financial responsibility for all charges incurred during treatment. Payment in full is mandatory when pets are released.

Emergency Contacts:

Name: _____ Number: _____

Name: _____ Number: _____

Owner/Responsible Party:

X _____ Date _____

*Please note that this hospital is **not** staffed 24 hours a day*Drop off and pick up during business hours*

