



Thomas

Veterinary Clinic

Boarding Information and Authorization Form

Date: _____

Owner's Name: _____

Any address, phone or employment corrections? Yes No

If so, what? _____

Emergency Telephone Number: _____

Pet Name: _____

Date of Last Vaccinations: _____

Clinic where vaccines were administered:

Special Diet: _____

Medication: _____

Pet Name: _____

Date of Last Vaccinations: _____

Clinic where vaccines were administered:

Special Diet: _____

Medication: _____

Pet Name: _____

Date of Last Vaccinations: _____

Clinic where vaccines were administered:

Special Diet: _____

Medication: _____

Pet Name: _____

Date of Last Vaccinations: _____

Clinic where vaccines were administered:

Special Diet: _____

Medication: _____

Statement of Kennel Policy:

Pets must be picked up between 8:00 am and 5:30 pm Monday through Friday or between 8 am and noon on Saturday. Discharges after hours are not permitted. A full day's board is charged for the first and last days, no matter what time the pet is admitted or released. Personal items may be left at your own risk. Thomas Veterinary Clinic is not responsible for lost or damaged items.

Thomas Veterinary Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and parasites. In case of illness or injury, I the undersigned, do hereby give my consent for the doctors of Thomas Veterinary Clinic to treat, prescribe for, or operate upon my pet(s) during their stay. I acknowledge that in the event of my pet's illness, the staff of Thomas Veterinary Clinic may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I understand I will be responsible for any additional charges for an illness or injury my pet endures during their stay.

I agree to make complete payment to Thomas Veterinary Clinic at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification, my pet will be considered to be abandoned and will be handled in accordance with Iowa state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Agent

Date