

Belton Veterinary Clinic
707 W. Loop 121
Belton, TX 76513

Boarding Admissions Form

Owner's Name: _____ Date: _____

Date of Pick-Up: _____

We recommend if your dog stays longer than three days have them bathed.

Dog bathed on pick-up date: YES _____ NO _____ w/ Nail Trim (\$9.50) _____

Small Dog \$10.00 Medium Dog \$12.00 Large Dog \$14.00

Cats bathed upon special request only and may require sedation. Bath will be given on the morning of the date you request pick-up. Dog must be picked up after 12:00pm to allow time for the bath to be given. If flea treatment is necessary there will be a charge.

Pets Name: _____ Breed/Description: _____

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Bedding and other personal belongings are left at owner's own risk.

Medication Administering Fee of \$2.00 per day per dog will be applied to the bill.

If your pet is not current on vaccinations or is not old enough to be fully vaccinated there is a risk of them contracting an illness such as kennel cough or parvo. For your pet's protection your pet must be current on the vaccinations listed below. Your pet must also be free of parasites, including fleas, if not they will be treated at the owner's expense.

Vaccinations to be Given at Boarding Drop-Off:

FVRCP _____ Bordatella _____ Influenza _____ DHLPP/C _____ Rabies _____

Owner Release: You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. Any problems that develop with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the expense involved. If I neglect to pick up my pet within 5 days from the date above, and do not notify you within that time period you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you best deem necessary.

I give the doctors permission to treat my pet while boarding if any symptoms or sickness should occur. I will assume the financial responsibility of said treatment.

Owner Signature: _____ Date: _____

Emergency Contact Number: _____