

Pet Medical Center of Las Vegas

9140 W. Sahara Ave., • Las Vegas, NV 89117

(702) 228-4000 • FAX (702) 228-2556

BOARDING AGREEMENT

OWNER'S NAME _____

EMERGENCY PHONE # _____

BOARDING DATES: ARRIVING: _____ LEAVING: _____

TIME OF DAY FOR PICK-UP: _____

(Circle One) MORNING AFTERNOON EVENING

As a condition for boarding, Pet Medical Center of Las Vegas requires all pets be current for distemper, parvovirus, coronavirus, bordatella, and rabies (if canine) or distemper and respiratory complex, and rabies (if feline). For the safety of your pet and other pets in the facility, there is no exception to this requirement.

1. Pet's Name _____ Breed _____

2. Pet's Name _____ Breed _____

3. Pet's Name _____ Breed _____

If your pet is on any special medication or diets, please list below, include treatment schedule. You must leave your pet's medications/diet with the receptionist or technician. There will be additional charges for any food/medications dispensed during your pet's stay.

Medication: _____

Treatment: _____

If while boarding, you would like any special procedures or examinations performed on your pet, please list them below. You will need to speak directly to one of the doctors before leaving the hospital, regarding your pet's condition and appropriate treatment, surgery, ect. (Please Check Below)

_____ Veterinary Exam _____ Blood work _____ Heartworm Check
_____ Dental _____ Fecal _____ Ear Flush _____ Nail Trim
_____ Express Anal Glands _____ Other –Please List: _____

_____ Geriatric exam (recommended for all pets over 8 years: Includes Blood work, Radiographs (abdominal and chest), Urinalysis, Fecal Exam, Electrocardiograph (ECG), and Physical Examination.)

If you would like your pet to be bathed and/or groomed before pick-up, please mark the appropriate area below, otherwise boarders are bathed only as necessary.

_____ Yes Please (Circle One) Bathe Groom my pet before pick-up

Quote _____

_____ No, please do not bathe my pet, unless necessary

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expenses involved.

All charges, including vaccines and boarding costs, shall be paid when the pet is released from the facility. If the pet is not called for within 10 days after the time specified for return, and if the doctor is not notified, either in writing or in person, of any alternate date within the 10 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying all costs for your services and charges.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO THE TERMS STATED.

Signature of Owner _____ Date _____