



208 Village Center Road
Sherman, IL 62684
(217)689-4960



BEST FRIENDS
Animal Hospital
979 1575th St.
Lincoln, IL 62656
(217)732-7125



30 US Highway 136
San Jose, IL 62682
(309)247-3231

Boarding Agreement

Today's Date _____ Date of pick-up _____ AM PM

Owner _____

Bath

Medications

Yes No

Yes No

Pet(s) Boarding _____

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Pet's belongings (Carrier, toys, etc.) _____

Special instructions – include detailed medication directions, feeding instructions, and anything you wish the doctor to check for:

For Your Pet's Health

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

DOGS: Rabies, DHLPPC, Bordatella, Fecal Exam, Heartworm Test, Canine Influenza vaccinations

CATS: Rabies, FVRCP, Fecal Exam, FIV/HW Test

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy.

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive treatment at owner's expense.

For your pet's comfort we offer a complimentary anti-anxiety medication. If you'd prefer for your pet **not** to have this please indicate with your initials _____

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to require immediate discomfort or to resolve an important medical condition.

Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

I authorize up to (check one and indicate amount) in medical care for my pet(s) until someone can be reached. \$ _____ \$100 \$200

Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the veterinarian of a new pick-up date.

Date

Owner/Agent for Pet(s)