

Client Name:
Address:
Phone:



Patient Name:
Birthday: Age:
Breed:
Color:
Sex:
Drop-off Date:
Pick-up Date: Time:

Bath Drop-off Agreement

I agree to allow the following individual to make decisions regarding my pets care during their stay at VMC.

Initial

Emergency Contact:

Phone #:

Bathing: *All pets that receives a bath, pick up must be after 4:00 pm.*

Belongings: VMCS is not held responsible for any lost, damaged or missing items left with your pet. Please list all belongings left with VMCS:

Concerns:

Food aggression

Human aggression

Kennel aggression

Storm anxiety

Separation anxiety

Food allergies

Please elaborate:

Inappropriate chewing

Animal aggression

⇒ **Illness:** Should your pet become ill during their stay, we will attempt to contact the emergency contact you listed above. If no answer is received, the doctor will commence with an examination of the patient. After examination... ⇒

Do not proceed with any diagnostic or treatment recommendations without speaking with the emergency contact.

OR Proceed with diagnostic and treatment recommendations at the doctor's discretion not to exceed (Amount):
This is in addition to any previous estimate provided before contacting me.

OR Proceed with any diagnostic and treatment recommendations at the doctor's discretion.

- It is necessary that all dogs are current on the following: Rabies, DHPP & CIV (Both H3N2 & H3N8). The following are required within the last 6-months: Exam, Bordetella and fecal exam.

- It is necessary that all cats are current on the following: Rabies & FVRCP. The following are required within the last 6-months: Exam and fecal exam.

- By signing or initialing below, I understand and agree to the terms and charges outlined in the Boarding Agreement.

Print Name:

Signature:

Date: