

# Boarding Agreement

Oak View Animal Clinic  
Pea Ridge, AR 72751  
(479) 451-1048

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**Pick-up Date:** \_\_\_\_\_

If your pet was not vaccinated at this clinic, you will need to provide us with a record of your pet's vaccines given by a licensed veterinarian.

We feed Science Diet Adult food. If your pet has their own food and treats, we will be happy to feed them the food you provide. Please package the food in individual Ziploc bags and label them with the day to be fed. **NO LARGE BAGS OR TOTES OF FOOD WILL BE ABLE TO BE LEFT AT THE CLINIC.**

Pet 1: \_\_\_\_\_ Pet 2: \_\_\_\_\_

Flea/tick control: \_\_\_\_\_ Flea/tick control: \_\_\_\_\_

Heartworm Prevention: \_\_\_\_\_ Heartworm Prevention: \_\_\_\_\_

Medications: \_\_\_\_\_ Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Responsible precaution will be used against injury, escape, or death of this pet(s). The clinic and staff will not be held liable for problems that develop, provided reasonable care and precautions are followed. I understand that unforeseen problems can develop with my pet.

Should an emergency arise calling for procedures to be done to save the life of my pet, I authorize Oak View Animal Clinic to perform services deemed necessary. I agree to pay in full for all of the services rendered. I understand there is no guarantee of the outcome of said services. **Please limit service to \$ \_\_\_\_\_ amount or UNLIMITED.**

Signature of Responsible Party \_\_\_\_\_

**Please Complete and Bring with You.**