

**Shaffer Veterinary Hospital**  
113 South Crowley Road  
Crowley, Texas 76036  
817-297-3106

**Boarding Registration**

Date: \_\_\_\_\_

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

Pet(s) Name: \_\_\_\_\_

Check In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Medical Information:**

**\*\*We require documented proof of your pet's vaccines before coming to board.** You may have your veterinarian fax proof to us at 817-297-4143 or bring a copy with you on check in day. Dogs must have Rabies, Distemper/Parvo Combo, Bordetella and a negative fecal in the last year or is currently on heartworm preventative. Cats must have rabies, Feline Combo, leukemia and a negative fecal in the last year or be on heartworm preventative monthly. **Any pet found with parasites (worms, fleas, ticks, mites, etc) will be treated at the owners expense.**

**Vaccines needed:**

Dog: \_\_\_DAPP \_\_\_Rabies \_\_\_Bordatella \_\_\_Fecal \_\_\_Heartworm test/preventative

Cat: \_\_\_RCCP \_\_\_Rabies \_\_\_FeLV \_\_\_Fecal \_\_\_worming

Flea treatment needed: \_\_\_yes \_\_\_no

**Current Medical Conditions:**

Please provide veterinary history if possible. **If your pet is on medications please bring them within their original containers. There is a \$1 per day extra charge to administer medications.**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Instructions: \_\_\_\_\_

**Feeding Instructions:**

We feed Science Diet Canine Adult Formula and Feline Adult Formula. You may provide your own food to prevent stomach upset and diarrhea.

\_\_\_Kennel Food \_\_\_ Own Food \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

**Toys/Bedding being left with us:**

**Other services to be performed while boarding (ask representative for costs):**

Bath : \_\_\_\_\_ Nails: \_\_\_\_\_ Anal Glands: \_\_\_\_\_ Other: \_\_\_\_\_

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**Medical Directive for Boarding**

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

Pet(s) Name: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Local Emergency Contact:

Person \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Illness Policy**

If your pet becomes ill with a life threatening situation, we will call the emergency numbers listed regarding your pet's symptoms, treatment plan, and estimate of additional costs; however, if no one can be reached please indicate your wishes below. **If you do not leave us with a directive or a dollar limit, understand that Shaffer Veterinary Hospital will do everything in their power to help your pet if you cannot be reached.**

\_\_\_\_\_ Please perform whatever services the Doctor recommends for the overall well being and general health of my pet, **including non-life threatening illnesses or conditions** such as ear infections, skin problems, diarrhea or vomiting. There is no need to contact me if it is a mild illness or condition.

**I authorize up to (circle one) \$200 \$300 Whatever is needed \$ \_\_\_\_\_**

\_\_\_\_\_ Please perform whatever services the Doctor deems necessary for the best care of my pet **in the event of a potentially life threatening situation**. This may include procedures considered therapeutically or diagnostically necessary for the care of my pet including administration of anesthesia, x-rays, lab work and surgery.

**I authorize up to (circle one): \$500 \$800 Whatever is needed \$ \_\_\_\_\_**

\_\_\_\_\_ **I do not wish Shaffer Veterinary Hospital to proceed with life saving measures for my pet. I understand that my pet may die without permission to give medical assistance of any kind from Shaffer Veterinary Hospital.**

I certify that I have read and fully understand this authorization for medical treatment, and the procedures that will take place if I cannot be reached. I hereby release Shaffer Veterinary Hospital and all staff from any and all claims arising out of medical treatment needed for my pet. I agree to pay all medical costs accrued due to illness of my pet while boarding.

Owner or agent of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SVH Representative: \_\_\_\_\_

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**Boarding Agreement**

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Pet(s) Names: \_\_\_\_\_

This is a contract between Shaffer Veterinary Hospital and the pet owner or representative of said owner whose signature appears below (hereafter called "owner").

1. Owner agrees to pay the rate for boarding in effect on the date the pet is checked into the hospital. Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the stay of the pet in the care of the hospital.
2. Shaffer Veterinary Hospital shall exercise reasonable care for the pet delivered by the owner to the hospital for boarding. Also to keep the hospital premises sanitary and properly enclosed, and to keep the animal on premises unless the owner gives consent. The owner further agrees to be solely responsible for any and all acts or behavior of their pet while it is in the care of Shaffer Veterinary Hospital.
3. Shaffer Veterinary Hospital will use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that the owner assume all risks.
4. The owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances and that the pet has not been exposed to Rabies or Distemper within a thirty-day period prior to boarding.
5. All charges including boarding costs shall be paid upon release from the hospital. If the pet is not called for within 10 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 10 day period, the animal with be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve the owner from paying for all cost of the hospital's services and use of the hospital including the cost of boarding.
6. If the pet becomes ill or if the state of the animal's health otherwise requires veterinary attention, Shaffer Veterinary Hospital, in its sole discretion, may administer veterinary care, medications or other treatments deemed necessary. The expenses thereof shall be paid by the owner.
7. This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of the owner and Shaffer Veterinary Hospital.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SVH Representative \_\_\_\_\_