

Tyrone Veterinary Hospital
3451 Tyrone Blvd
St Petersburg, FL 33710
727-381-8911

Boarding Agreement

Pet Name _____ **Client Name** _____
Phone _____ **Date In** _____ **Date Out** _____

Drop off/Pick up: M-F 8am-5:30pm; Sat 8am-11:30am.

____ **BATH:** YES or DECLINED or COMPLIMENTARY Any Dog boarding stay over 7 nights includes a complimentary bath/Nail trim/ear cleaning

____ **MEDICATIONS:** If needed, please make sure to bring them with you and provide specific instructions. A medication boarding charge will be charged on days medication is given.

MEDICATION
INSTRUCTIONS _____

____ **FEEDING :** () **FEED KENNEL DIET** We offer Purina EN dry a veterinary prescription intestinal diet and Purina ProPlan canned for dogs and Purina ProPlan dry and canned for cats

() **OWN FOOD** Type/Brand _____

FEEDING
INSTRUCTIONS _____

____ **PERSONAL PROPERTY:** _____

() **DO NOT GIVE MY DOG A BLANKET/BEDDING** _____

Blankets, bedding, toys etc. may be left with your pet for their stay. We cannot give your pet rawhides, pig ears, hooves, or any treats of this type while boarding. Blankets and treats may be removed at our staff's discretion if they are concerned with safety. Please label all items with permanent identification. We will make every effort to return these items to you at check out but they are left with us at your own risk.

____ **VACCINATIONS:** () Current () Update while boarding _____

Dogs: DHPP, Rabies, Bordetella. Cats: FVRCP, Rabies We recommend having vaccines administered at least 7 days prior to boarding but they can be administered here for a charge after an examination (\$79) by one of our veterinarians if necessary. Please bring a copy of vaccines prior to drop off if they were given some place other than our facility.

____ **PARASITES:** Boarding pets must be free of internal and external parasites, including fleas. If observed by staff, they will be treated for at the owners' expense.

____ **MEDICAL PROBLEMS:** One advantage to boarding at a veterinary hospital is the ability of the staff to quickly react to and treat medical issues including anxiety and diarrhea. The staff will make every effort to ensure a safe and disease-free stay for your pet. I will not hold Tyrone Veterinary Hospital liable and I assume all risks for the boarding of my pet. Any expenses incurred shall be paid promptly by me at the time of discharge.

____ If anxiety medication is necessary for treatment or handling, Tyrone Veterinary Hospital has my permission to administer such medication at owner's expense () attempt to contact me ()

____ If medical issue arises, <company> has my permission to:

begin treatment up to \$200 at owners' expense. () Initiate treatment without notice. ()

We will attempt to contact you before/after treatment as the situation determines but we must be able to alleviate discomfort/medical issues while boarding.

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____HURRICANE POLICY JUNE 1- NOVEMBER 30: Tyrone Veterinary Hospital requires an additional contact that will be willing and able to pick up your pet within two (2) hours of notification in the event of a hurricane warning and evacuation of our facility.

Please list the name and phone number of your emergency contact. _____

Initial that you have notified this person that they are to act in this capacity _____

Failure to claim your pet prior to evacuation releases Tyrone Veterinary Hospital of all liability pertaining to and including the cost to transport, and board your pet during the evacuation.

Signature:

<date>

<first-name> <client>

Contact numbers: () - _____

() - _____