



Boarding Contract

Mon-Fri 7am-6pm

Sat 7am-12pm

Sun 5-5:30pm

Pet Name: _____ Owner Name: _____

Check in Date: _____ Check out Date: _____ AM NOON PM

Where you can be reached in case of emergency: _____

Belongings left with animal: _____

(* Please note Santa Fe Veterinary Clinic will not be held liable for any lost or damaged items)

Please note our boarding Policies:

Vaccinations- we require all animals be current (within one year) on DHLPP, Bordetella, and Rabies (3 year if applicable), Canine Flu Vaccine for dogs, and FVRCP, Leukemia and Rabies for cats. If your animal is not current we will administer these vaccines while boarding and the additional charge will be posted to your invoice at the time of discharge. Please note that all vaccines will be done with an exam, which will be charged as well.

Parasites- if your animal is noted to have external (fleas, ticks) or internal (worms) parasites we will initiate treatment at your cost.

Veterinary Care- you may request an exam for your animal while boarding with us. If any conditions or symptoms observed by our staff warrant medical care, we will do our best to contact you prior to treatment. We will treat per your decision below:

☐ Treat without notice ☐ Attempt to contact, if not available treat without notice

☐ Attempt to contact, if not available do NOT treat

***Blue Pearl -consent to transfer to ER if necessary Yes_____No_____ Initial_____

DNR/CPR Status: Please choose one of the following options for emergent care decisions. **By selecting DNR you understand that if your pet is found unresponsive, we will not attempt resuscitation.**

☐ CPR

☐ DNR

For Emergency Care: Life threatening conditions will be treated immediately, which may result in treatment before notice. Once your pet is stable, we will contact you for further treatment options/guidance. **Initial and date**_____.

Signature:_____ **Date:**_____

