



Callaway County Small Animal Veterinary Clinic

5040 County Road 306

Fulton, MO 65251

Boarding Agreement Form

In case of illness or injury, I undersigned, do hereby give my consent for the doctors of Callaway County Vet Clinic to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Callaway County Vet Clinic.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pickup date, I understand that a written notice will be mailed to the address below. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying the cost of all costs of your service and the use of your hospital, including the cost of the boarding services.

I HAVE READ THE FOREGOING AND AGREE.

Signature of owner/Representative of owner

Date

Address

Emergency phone# where I can be reached

Please answer the following questions concerning your pets health:

Date of last vaccinations: _____

Has your pet shown any recent signs of diarrhea? _____

Vomiting? _____ Sneezing? _____ Coughing? _____

Have there been any other symptoms or signs that we should be aware of while boarding your pet? _____

Is your pet currently on any flea prevention product,? If yes please name product used: _____

We reserve the right to apply/use products as necessary if fleas are found on your pet.

Phone (573)642-3724

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callawayvet@yahoo.com

Fax (573)642-0922