

\*\*\* BOARDING AGREEMENT \*\*\*

Barrow Veterinary Hospital  
44 North Center St.  
Winder, Ga. 30680  
770-867-6134

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

Pet's Name \_\_\_\_\_ Date of Vaccines \_\_\_\_\_

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

Diet \_\_\_\_\_

Special Instructions:

Bath

Nail Trim

Yearly

Other

Medications Required? \_\_\_\_\_

\_\_\_\_\_

Pet

Belongings? \_\_\_\_\_

\_\_\_\_\_

Pick-Up Date/Time \_\_\_\_\_

Reasonable precaution will be used against injury, escape or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff Veterinarian and I assume responsibility for the treatment expense involved.

\_\_\_\_\_  
Owner or Responsible Party.