

KALONA VETERINARY CLINIC, P.C.

Sheldon Yoder, D.V.M. Marvin Slabaugh, D.V.M.

Arlin Karsten, D.V.M

HWY 22 AT 6th St, Kalona, IA

319-656-3666

Boarding Agreement

Owner's Name _____ Date _____

Address _____

City State _____ Zip _____

Where you can be reached _____

In case of emergency, contact _____ Phone _____

(For more than one pet, please complete the following on separate forms).

Pet name _____ Species _____ Breed _____

Age _____ Sex _____ Approximate Weight _____

For the health and safety of your pet, our care team, and other pets, We require the following information:

If your pet is vaccinated at another clinic, please provide us with a copy of the current vaccinations. We require current **Rabies, Bordetella (Kennel Cough) and Distemper** vaccine for dogs. For cats, we require a copy of current **Rabies and Distemper** vaccination. Your pet will also be checked upon arrival for fleas and will be treated if fleas are found. The charge will be added to your pet's boarding fee. You may bring your own food if your pet is on a special diet. Otherwise we do provide food and bedding.

If you use a flea preventative, what was the date of the last treatment? _____

Has your pet ever bitten anyone? _____

Special Instructions _____

Food or Medications Required _____

How much to feed _____

Preferred Pickup Time and Date _____

(You may be able to pickup your pet on the weekend. Talk to our care team members.)

Reasonable precautions 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 problem that develops with my pet will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved.

Owner or Responsible Party: _____