



STEINWAY COURT VETERINARIAN

(718) 728-2822

**BOARDING AGREEMENT:**

Today's Date \_\_\_\_\_

Estimated date of pick up \_\_\_\_\_

In case of emergency you may contact me at the following telephone number  
\_\_\_\_\_

If you are unable to reach me at the number above please contact  
\_\_\_\_\_  
(name and number)

I am leaving the following belongings  
\_\_\_\_\_  
(carriers, toys, etc...)

*Does your cat/dog get along with other dogs?*

*Does your cat/dog get along with strangers?*

Special Instructions (including detailed medication directions and any thing in particular that you wish the doctor check for you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*FOR YOUR PET'S HEALTH \*\*\*\*To insure the protection of all pets under our care, the following vaccinations must be up to date: Dogs must have Distemper, Parvo, Bordatella and Rabies vaccinations. Cats must have Distemper and Rabies vaccinations. By signing this form I give permission to the Steinway Court Veterinarian to update my pet(s) vaccinations in accordance with the above policy.



MEDICAL ILLNESS POLICY: In the event your pet has a medical problem while boarding with us, we will contact you at the above emergency phone number. In the event no one can be reached please indicate your wishes below should your pet require treatment to relieve discomfort or to help resolve an illness.

- ( ) *Please perform whatever services the Doctor deems necessary for the best care of my pet until someone can be reached.*
- ( ) *Do not administer any medical treatment until specific authorization is given.*

I fully intend to pick up my pet on the date specified. If circumstances change, I will notify the Steinway Court Veterinarian of a new pick up date. I realize that I am responsible for full payment for the procedures and treatments. I also realize that if I fail to pick my pet up on the scheduled date without notification to your office the pet(s) will be considered abandoned. It is further understood that such action will not relieve me from paying all costs of your service.

*Signature of Owner/Representative* \_\_\_\_\_

[www.Steinwaycourtvet.com](http://www.Steinwaycourtvet.com)