## **Blue Cross Veterinary Clinic**

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|  | <b>Boarding Agre</b>  | <u>ement</u>                            |  | 92                                     |
|--|---|---|--|--|
| Owner's name:  | Admit date  | e:                                      | Time:  |  |
| Pet's name:  |   |   |  | 7 / 21_                                |
| Phone number where you can be reac   |   |   |  |  |
| Name and phone number of local em  | ergency contact person:   |   |  |  |
| Is your pet receiving any medication?<br>If yes, please list and give dosege:  |   |   |  |  |
| Did your pet already receive today's o<br>Did you bring the medication with yo   | losages? Yes No<br>ou? Yes No   |   |  |  |
| Would you like your pet examined wl  | nile boarding? Yes No If y  | es, why?                                |  |  |
|  | med? Yes No<br>led? Yes No<br>ds expressed? Yes No                      |   |  |  |
| Vaccinations must be current. Proof of Cats must have FVRCP, Fe  | of vaccinations by a veterinariand<br>LV (or FeLV test), and Rabies.    | n is required. Dog<br>Annual vaccine ti | s must have DHPP, Bor<br>ters are acceptable for l | datella and Rabies.<br>DHPP and FVRCP. |
| Please list any special instructions:  |   |   |  |  |
| Please list any personal belongings to   | be left with your pet:  |   |  |  |
| All pets must be free of external paras  | sites (fleas and ticks). If parasit                                     | es are found, your                      | pet will be dipped at yo                           | our expense.                           |
| ***All cats and dogs are required to be \$16 per dog. Proof is required (a rece  |   |   |  | t is \$14 per cat and                  |
| Boarding will be much easier for you   | r pet if they are fed their regular                                     | r diet. Please bring                    | their food for them if                             | possible.                              |
| Feeding instructions: Amount?  |   | -                                       | How often?   |  |
| If a medical emergency arises and we A. Procedures as necessary to be B. Whatever can be done, includ C. Other instructions? Please de | done at Blue Cross Veterinary C<br>le-referral to a specialist or trans | Clinic.<br>port to the Emerge           | ency Clinic.                                       |  |
| ***All clients are required to pay a \$boardingPlease_allow_20_minutes_fo  |   |   |  |  |
| I have read this agreement and unders  | stand the boarding policies.  |   |  |  |
| Signature:   |   | _ Date:                                 |  |  |
| VISA/MC/AMEX#  | Exp. Date:  | Name                                    | on Card:   |  |