Oak Ridge Animal Clinic

26446 I-45 North, Spring, TX 77386 (281) 364-7194

Boarding Agreement Form

Inc ase of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Oak Ridge Animal Clinic, to treat, prescribe for, or operate on my pet(s) while they are boarded at the Oak Ridge Animal Clinic.

If upon examination at check-in the animal is found to be infested with external parasites, we will treat with medication to rid your pet of parasites at an additional cost.

Cak Ridge Animal Clinic will use all reasonable precautions against illness, injury, or escape of my pet(s), even ORAC will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks. If my pet(s) require tranquilization due to hyper excitability, owner agrees to expense.

Should the circumstance arise what my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice the pet(s) will be considered abandoned and adopted or released to Montgomery County Animal Control. It is further understood that such action will not relieve me from paying costs incurred while boarding and/or treated at ORAC.

I have read the foregoing and agree
Signature of the Owner/Representative of Owner Date
Address
Emergency Phone # where I can be reached
Did you bring food from home? If so, how much do you feed daily and how often?
Have you seen any fleas and/or ticks on your pet(s) recently?
Please answer the following questions concerning your pet's recently health:
If your pet(s) are in need of updated vaccinations, we would be happy to update during their stay.
If your pet(s) is on medication, please list strength, dose, and frequency given so as we may medicate appropriately:
Did your pet(s) need any refills on medications? Did you need to administer heartworm/flea prevention during your stay? Date
In the last 2 weeks, has your pet experienced any of the following symptoms (please circle and explain below): vomiting, diarrhea, coughing, sneezing, runny eyes/nose, or any other symptoms?
If any medical emergency should arise, would you like to be contacted before any diagnostics/treatments are performed?