



Boarding Check In Form

Client Information

Owner/Agent _____

Email _____

Emergency Contact Phone # _____

Date _____

REQUIREMENTS FOR BOARDING

All animals must be current on all vaccinations, or they will be treated at the owner's expense.

These vaccines include: For dogs - Rabies, DHPP, Bordetella & influenza

For cats - Rabies & FVRCP

By signing this form, you give Bluff Park Animal Clinic permission to examine and/or vaccinate your pet if needed.

I Agree _____

All animals must be free of external parasites (ticks, fleas, etc.) or they will be treated at owner's expense.

I Agree _____

BPAC has my permission to do whatever is necessary should an emergency arise.

I Agree _____

Please make a selection:

- ☐ I would like a call if the treatment exceeds \$100.00
- ☐ Treat my pet if needed
- ☐ If sedation is required for treatment or handling, BPAC has my permission to administer such medications.

I Agree _____

Due to the potential risk of loss or damaged items, BPAC asks that all personal items such as leashes, collars, bowls, toys, beds not accompany your pet while in our care. BPAC is not responsible for any lost or damaged items left with your pet.

I Agree _____

BPAC will provide care for your pet(s) during the specified time period. Please understand that despite taking reasonable precautions, accidents, injuries, or illnesses may occur. Therefore, BPAC does hereby waive any liability for injury, illness, or any other mishap that may happen to your pet while under the care of BPAC. Pet owners may be held responsible for any veterinary bills, damages, or other costs arising from such incidents.

I Agree _____