



Prince George Veterinary Hospital
 3827 18th Avenue
 Prince George, BC
 V2N 1B1
 Phone: (250) 563-1541
 Fax: (250) 563-1715



BOARDING CONTRACT

Date: _____ **Pet's Name:** _____ **Weight:** _____

Owner's Name: _____ **Phone Number:** _____

Another Contact Person: _____ Phone Number: _____

DATES BOARDING: _____ to _____

When should we expect you on date of pick up (**AM** or **PM**)

Feeding: Use IN CLINIC food? or Food brought by owner If so, what kind? _____

How many times a day? 1 / 2 / 3 (if once, circle **AM** or **PM**) Amount per feeding: _____

Other items left with pet? (toys, blankets, etc. – specify in detail please) _____

Medication(s): Please specify exact medication, dosages, and times to be given.

What medications were already given today and at what time? _____

Would you like other services provided while your pet is in hospital?

Pedicure Anal Glands Bath Other: _____

Additional Comments:

In case of an emergency, I give permission for services to a maximum of \$ _____ .
(Please be advised, we will make every effort to notify you of services as soon as possible.)

Signature of Owner: _____