



135 Main Street West Neepawa, MB

Phone (204) 476-2222

Fax (204) 476-2228

Email: info@neepawavet.ca

BOARDING CARE AND CONSENT

Owner: _____
Address: _____
Phone: _____
Email: _____
Pet's Name: _____
Species: _____
Sex: _____
Age: _____

Primary Emergency Contact Name: _____
Primary Emergency Contact Phone: _____

Secondary Emergency Contact Name: _____
Secondary Emergency Contact Phone: _____

Date / Time of Drop off: _____
Date / Time of Pick up: _____

CHECK IN INFORMATION:

MEDICATIONS:

Is your pet on any medications? [___] Yes [___] No
If so, did you bring them with you? [___] Yes [___] No

Type of Medication:	Amount / Frequency Given:

ADDITIONAL MEDICAL INFORMATION:

Are there any allergies, medical conditions or other information that you would like your pet's caretaker to know about? If so, list them below:



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FEEDING INSTRUCTIONS:

- Own food
- Clinic food

- Canned food
- Dry Food
- Canned & Dry Food

- Morning feeding (once per day)
- Evening feeding (once per day)
- Morning & Evening feeding (twice per day)
- Morning, Lunch & Evening feeding (three times per day)

BELONGINGS:

- Toys
- Leash
- Collar
- Bedding
- Carrier
- Bowls

BOARDING POLICIES:

FLEA POLICY: All boarding pets must be free of fleas. If your pet has fleas they will receive a bath and a flea preventative may also be administered. The additional charges will be added to your final bill.

Initial _____

VACCINATION POLICY: to ensure the protection of all pets under our care, the following vaccinations must be up to date:

Dogs:

- Rabies
- DAPPv (Distemper & Parvovirus)
- Bordetella (Kennel Cough)

Cats:

- Rabies
- HCPCh (Distemper)

If my pet is not current on all above vaccinations, I give my permission for Neepawa Veterinary Clinic to update the vaccination(s) in accordance with the above policy. I understand a vaccination fee will be charged to my final bill.

Initial _____



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PERSONAL ITEM POLICY:

We make every effort possible to make sure your pet feels at ease while they are staying with us. If personal items are brought from home they may get lost in the laundry or soiled. The Neepawa Veterinary Clinic is not responsible for lost or damaged personal items.

Initial _____

INCIDENT POLICY:

If my pet should become injured or ill, refuse food, soil itself or expire while boarding, I cannot hold Neepawa Veterinary Clinic, the veterinarians, support staff or caretakers responsible or liable in absence of gross negligence or malpractice.

Initial _____

MEDICAL ILLNESS POLICY:

If your pet becomes ill; we will call the emergency number(s) listed regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, we (Neepawa Veterinary Clinic) will perform whatever services the Veterinarian deems necessary for the best care for your pet until an owner/agent can be reached. This includes only non-elective treatments and any necessary diagnostics. I will be financially responsible for any costs incurred during such emergency, not exceeding \$_____.

Initial _____

PICK UP POLICY:

If I neglect to pick up my pet or contact Neepawa Veterinary Clinic within one week of scheduled departure time, NVC will assume the animal is abandoned and will attend to the situation, as they see fit. I understand that this does NOT release me from my financial obligations, and I will still be responsible for my bill.

Initial _____

STAFFING HOURS POLICY:

Staffing at the Neepawa Veterinary Clinic varies by season and days. If at any time a staff member is not present on the premises, the hospital is locked, and monitored by an off-site fire alarm company. For staff safety, dogs are not walked between the hours of 9 pm and 6 am. There are staff scheduled to be available to care for boarding animals:

Monday – Friday: 7:30 am – 5:00 pm

Saturday – Sunday: 8:00 am – 12:00 pm, brief evening visit (~1 hour) to feed and walk boarding animals.

Initial _____

I hereby agree to the foregoing as the owner or owner's agent of the aforementioned pet. I have read this form and I am aware of the staffing hours and understand the above policies in place by the Neepawa Veterinary Clinic. I agree to pay for any additional fees necessary to be in accordance with the above policies.