Brandon Veterinary Clinic

David H. Watson, DVM • 2900 Hwy 18 • mail: 1037 Star Rd. • Brandon, MS. 39042 ph: 601-824-9909 • fax: 601-824-9908 • <u>brandonvetclinic@yahoo.com</u> • www.brandonvetclinic.com

Boarding Agreement

Owner's Name		Date	
Address0	City/State	Zip	
Home Phone	Work Phone		
Emergency Contact	Phone		
Pet's Name	Species: 🗆 Dog	□ Cat □ Other	
BreedColor	Age	Weight	
Sex: \Box M \Box F \Box Spayed/Neutered			
Vaccinations Current (including kennel cough	n)? 🗆 YES 🗆 N	10	
Were the current vaccinations administered at	t Brandon Veterinary Cl	linic?	
If not, please provide the name of the veterina	ary clinic/hospital that a	dministered the vaccinations:	
Veterinary Clinic/Hospital Name		Phone	
Your pet will be offered Hill's Science Diet for a special diet, please indicate that:			
Medications Required?	t below) 🗆 NO		
Medication:	amount:	frequency:	
Pick-Up Date/Time			
Special Instructions			

Reasonable precaution will be used against injury, escape, or death of this pet. Brandon Veterinary Clinic and its staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the attending veterinarian and I assume full responsibility for the treatment expense involved.

All charges including boarding costs shall be paid upon release/discharge from the clinic. If the pet is not called for within 7 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and may be adopted or disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your clinic, including the cost of boarding for the duration of the pet's stay.