

Arbutus West Animal Clinic

2809 West 16th Ave Vancouver, BC V6K 3C5
736-6701/FAX: 736-7770

BOARDING POLICIES

- We require proof of vaccinations done within the last year.
- Your animal must be free of any signs of contagious diseases(ex: Upper Respiratory Infections)
- Your pet will be checked for fleas upon arrival. If any are present, you will be responsible for the charges incurred for their elimination.
- We require a \$50.00 deposit at the time of admission if the animal is staying under 2 weeks, if staying longer we require half or full payment up front.

OWNER AND PET INFORMATION

Owner name: _____	
Pet name: _____	Breed/Colour: _____

Date arriving: _____	Date departing: _____
Boarding Charge per night: _____	Vaccine Status: _____

Did you bring your own food? If not, we provide:
Is your pet on medication? Please state the drug and the dosage. <ul style="list-style-type: none">▪ Drug: _____ Dosage: _____▪ Drug: _____ Dosage: _____ **NOTE** There will be an extra charge for medicating animals per day
Items my pet came with: _____

EMERGENCY INFORMATION

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
If your pet falls ill during its stay and requires diagnostic testing and treatment: <ul style="list-style-type: none">() Call first, if I can't be reached, do whatever needs to be done.() Call first, if I can't be reached, I understand that my pet may require diagnostic tests/treatments, but I decline further charges at this time.

WAIVER

I have read and fully understand the above and I assume financial responsibility for all charges incurred and acknowledge that accounts are to be paid in full upon the discharge of my animal. If my animal is with you longer than thirty (30) days without prior notification or correspondence, Arbutus West Animal Clinic assumes responsibility to treat the situation as they see fit.

Signature _____
Date _____

Witness _____
Deposit VISA () MC () AMEX () \$50.00 ()