

## **Carleton Veterinary Services**

2137 Roger Stevens Drive  
North Gower ON KOA 2T0  
613.489.2525

**Name:**

**Address:**

**City/Town:**

**Phone:**

**PET:**

**Breed:**

**Colour:**

**Sex:**

**Age:**

### **PERMISSION TO REMAIN IN BOARDING**

**AGREEMENT:** I understand that all animals entering the hospital must be up to date with vaccinations and free of external parasites (fleas etc). I will be responsible for fees as they relate to this hospital policy. I realize this policy is for the protection of other guests and patients of the hospital. The hospital will not be responsible for the loss of personal belongings left with my pet. I authorize the hospital staff to perform whatever emergency procedures are necessary should the situation arise and assume full responsibility for the expense involved. I understand all reasonable attempts will be made to contact me to discuss any emergency treatment(s). I am the owner of the above animal described herein, or am responsible for it. I am at least eighteen years of age, have read and understood this agreement, and have the authority to exercise it.

(Payment is due at the time of discharge)

**Signed:**

**Contact No:**

**Feeding Instructions:**

**Personal Belongings:**

**Special Instructions: (RE: Medications, etc.)**

**DATE IN:**

**DATE OUT:**