

# The Veterinary Medical Group of Des Moines

Animal Medical Clinic of Merle Hay  
Animal Care Clinic West  
Metro Cat Hospital  
Vista Veterinary Centre

## Boarding Agreement

**Our Vaccination Policy:** To insure protection of all pets in our care, the following vaccinations or tests must be current in order for your pet(s) to board with us or stay in the hospital.

Dogs: Distemper, Parvo, Corona, Rabies, Bordetella, Fecal test, Heartworm test  
Cats: Distemper-Pneumonitis, Rabies, Feline Leukemia, Fecal test

If your pet(s) is not current on the required vaccines or tests, they will be administered while your pet(s) is boarding, and you will be charged accordingly. To prevent the spread of internal and external parasites, all animals found to have internal parasites, fleas, or ticks will be treated for such, and you will be charged for that treatment. This is for the safety and health of your pet(s) as well as all others who board with us.

**Our Medical Policy:** One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number listed below regarding your pet's symptoms, treatment options, and estimate of costs. If no one can be reached, however, please choose one of the options below should your pet(s) require treatment to relieve immediate pain and/or to resolve an important medical condition. You will be financially responsible for the total bill upon release of your pet(s).

\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet(s) until someone can be reached. This includes treatments and other necessary diagnostics.

\_\_\_\_ I authorize up to (check one): \_\_\_\_ \$100 \_\_\_\_ \$250 \_\_\_\_ Other \$ \_\_\_\_

\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

Emergency Contact Name & Number: \_\_\_\_\_

(This is required for the safety and best interests of your pet(s).)

I fully intend to pick up my pet(s) on or before the above determined date. If circumstances change I will notify the hospital of a new pick-up date. If I do not contact the hospital within 8 days of the intended pick-up date my pet(s) will be considered abandoned and become the property of the hospital. I have read and understand everything on this agreement.

Owner/Agent (PRINT): \_\_\_\_\_ Pet's name: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

There is an additional charge of \$1.00 per pet, per day for the administration of medication excluding preventative health maintenance (i.e. heartworm/flea prevention, vitamins, etc.)