

Covington Veterinary Clinic, P.C.
Michael D. Krueger, DVM
10406 Highway 278 E.
Covington, GA 30014
770-786-2193

BOARDING AGREEMENT

CLIENT INFORMATION

Name _____ Date _____

IN EMERGENCY, PLEASE CONTACT:

Name _____ **Phone** _____

ANIMAL INFORMATION

Animal's Name _____ Circle One: M F
Breed _____ Color _____
Age _____

VACCINATIONS (Is your pet current on)

Vaccinations	Yes	No
Kennel Cough Vaccine	Yes	No
Fecal Exam	Yes	No
Heartworm Prevention	Yes	No

Special Instructions? _____

PICK-UP INFORMATION

I will be picking my pet up on:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

The _____ (date) of _____ (month) in the
_____ **Morning (Between 8:30 AM and 1 PM)**
_____ **Afternoon (Between 2 PM and 6 PM)**

Covington Veterinary Clinic is not responsible for your pet's bedding, collars, leashes or toys while they are boarding. It is highly recommended that you not leave blankets & toys, because they can become soiled or lost.

Reasonable precaution will be used against injury, escape or death of this pet. The clinic and staff will not be 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 staff veterinarian and I assume full responsibility for the treatment expense involved.

Owner or Responsible Party