



Azalea Lakes Veterinary Clinic
15225 Jefferson Highway
Baton Rouge, LA 70817
225-755-3838
Fax: 225-755-3809
azalealakevet@bellsouth.net

Boarding Agreement

OWNER'S NAME _____

PHONE #(S) _____

PET'S NAME(S) _____

DATE OF PICK UP _____

EMERGENCY CONTACT OTHER THAN OWNER, NAME _____

PHONE _____

ARE YOUR PETS CURRENT ON VACCINATIONS? YES / NO

IF NO, WOULD YOU LIKE YOUR PET'S VACCINATIONS UPDATED? YES / NO

WOULD YOU LIKE YOUR PET BATHED BEFORE PICK-UP? YES / NO

Pets are bathed the morning of pickup unless another time is requested.
(This is an additional cost)

WOULD YOU LIKE YOUR PET TO HAVE ITS NAILS TRIMMED? YES / NO

(This is an additional cost)

SPECIAL DIETS, MEDICATIONS, OR CARE INSTRUCTIONS?

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held responsible for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

I understand that if my pet has live fleas/ticks present at the time of check in, he/she will be given a dose of flea/tick preventative at my expense.

PAYMENT IS EXPECTED AT TIME OF SERVICES.

Signature of owner or responsible party _____ Date _____

Employee Initials: _____