



**QUAKERTOWN VETERINARY CLINIC**

**Tri-County Emergency Service**

2250 N. Old Bethlehem Pike \* Quakertown, PA 18951

T - 215.536.6245 F - 215.536.0226

**HOSPITAL BOARDING CONTRACT**

**Vaccination Requirements**

Quakertown Veterinary Clinic requires that all dogs be vaccinated at least 2 weeks prior to their stay for **Canine Distemper, Rabies, Bordetella (Kennel Cough), and Canine Influenza**. Cats are required to have **Feline Distemper and Rabies**. If your pet has been vaccinated by us, we have those records. If you do not have access to the shot records, please have your vet fax them directly to the Clinic prior to your pet's arrival. Our fax number is 215.536.0226. For the safety and protection of your pet, these vaccination records are essential.

**Bordetella and Influenza Waiver**

Quakertown Veterinary Clinic requires all dogs to be vaccinated for Bordetella and Canine Influenza no later than 2 weeks prior to their stay with us. The vaccine should be updated annually. If your pet contracts kennel cough or the flu during its stay with us, or shortly thereafter, QVC will not be held responsible for the cost of treatment and medications.

**Medications**

If your pet is on any medications, you must provide a complete list of the medications, the dosages, and the times of the dosage. Pills must be brought in their original containers whether the medication was dispensed from a vet or a human pharmacy. Please bring extra medications in case of an unexpected longer stay.

**Feeding**

We provide high quality pet food while your pet is with us, but if you wish, and we recommend, we would be glad to feed your pet their regular food they receive at home so their diet does not change. In general, we have found that when a pet stays on a regular diet it increases their happiness and health during their stay away from home. You may also bring a pet's favorite treats because it gives them a taste of familiar goodies that remind them of home. All food items/containers must be boldly marked with your pet's name and your first and last names. You will be asked for feeding instructions, frequency, type of food and quantities during your Hospital Boarding Appointment.

**Person acting as your Agent**

If someone other than yourself is picking up your pet, you must provide that person's name and phone number. Please arrange to make pre-payment when dropping your pet off, if someone else is picking up your pet.

**Cost**

Hospital boarding will be charged per night of stay. If your pet is picked up after 6pm, another day of hospital boarding will be charged.

**DNR**

In the event my pet's heart and/or breathing should stop, I wish for medical personnel to:

**Your Name & Address:**

**Phone Number:**

**Emergency Contact**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I authorize the staff of Quakertown Veterinary Clinic to act as my agent and my pet's agent when seeking medical services. I authorize the staff of QVC to perform whatever treatments are necessary in case of injury or illness of my pet. Quakertown Veterinary Clinic will make every attempt to contact me. If I cannot be reached you have my permission to treat my pet. I understand that I assume financial responsibility for costs incurred in the care of my pet.

I have read, understand and agree with the Quakertown Veterinary Clinic Hospital Boarding policies.

Signature

Date