## **BOARDING AGREEMENT**

## **Corinth Animal Hospital**

2399 FM 2181 Corinth, Texas 76210 (940) 498-7387			
Owner: Client No: Phone: Patient: Breed: Sex:		Last:	
	Animal Name: Age:		
Request for	`	h, groom, vaccinations, etc.)	
•		ications, special food, special hand	lling)
VACCINAT YOUR PET	TIONS NEED (S) MUST A	DED (THIS INCLUDES BORDAT LSO BE FREE OF INTERNAL A	TILL BE HAPPY TO UPDATE ANY ELLA FOR DOGS EVERY SIX MONTHS). ND EXTERNAL PARASITES. IF ANY ATED FOR SUCH AT YOUR EXPENSE.
will make ev best interest	very effort to of your pet b	contact you. If you cannot be cont	edical care. In the event of sudden illness, we acted, Corinth Animal Hospital will act in the al care. Only emergency medical care will be d.
We will provide bedding for your pet while he/she boards with us. We are not responsible for any items left with your pet, including bedding, toys, bowls, collars or leashes.			
EMERGEN	CY CONTA	CT NO. & NAME:	
I agree to al	ll the terms in	cluded in this boarding consent for	m.
Signature:			Date: