

Town and Country Veterinary Clinic  
**UNACCOMPANIED HEALTHCARE AGREEMENT**  
**\_\_\_ Boarding            \_\_\_ Grooming            \_\_\_ Medications**

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

	Pet's Name	Breed	Sex	Age
1.	_____ /	_____ /	_____ /	_____
2.	_____ /	_____ /	_____ /	_____
3.	_____ /	_____ /	_____ /	_____

Current Vaccinations? Yes \_\_\_ No \_\_\_ If yes, where were vaccines given so we may verify.

Pet's Belongings (carriers, toys, etc...): \_\_\_\_\_  
Food and Feeding Instructions: \_\_\_\_\_  
Medications To Be Administered: \_\_\_\_\_

**Procedures Requested While Boarding**

\_\_\_ Annuals  
\_\_\_ Dental \_\_\_\_\_ Surgery \_\_\_\_\_  
\_\_\_ Grooming \_\_\_ Bath (grooming instructions) \_\_\_\_\_  
\_\_\_ Date of grooming or bath \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

**All animals entering the hospital must be current on vaccinations and free of ticks and fleas or they will be treated at the owner's expense.**

I am the owner or agent for the animal described above, and I have the authority to execute this consent. I authorize the veterinarian to do whatever necessary should an emergency situation arise, to include tranquilization as required. I agree to pick up my within 5 days of discharge date, and my pet may be considered abandon if I do not. In my failure to recover my pet, you are automatically authorized to dispose of my pet as deemed professionally necessary.

Fees are charged on a per day basis. Pets are only released during normal office hours. Full payment is due upon release.

Date In \_\_\_\_\_ Date Out \_\_\_\_\_ Signed \_\_\_\_\_