

**KALONA VETERINARY CLINIC, P.C.**  
**Sheldon Yoder, D.V.M. Marvin Slabaugh, D.V.M.**  
**HWY 22 AT 6<sup>th</sup> STRET, KALONA, IA**  
319-656-3666 1-800-352-1867

**Boarding Agreement**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City State \_\_\_\_\_ Zip \_\_\_\_\_

Where you can be reached \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

**(For more than one pet, please complete the following on separate forms).**

Pet name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Approximate Weight \_\_\_\_\_

**For the health and safety of your pet, our care team, and other pets,**

**We require the following information:**

If your pet is vaccinated at another clinic, please provide us with a copy of the current vaccinations. We require current Rabies, Bordetella (Kennel Cough) and Distemper vaccine for dogs.

For cats, we require a copy of current rabies and distemper vaccination.

Your pet will also be checked upon arrival for fleas and will be treated if fleas are found. The charge will be added to your pet's boarding fee. You may bring your own food and bedding or toys.

If you use a flea preventative, what was the date of the last treatment? \_\_\_\_\_

Has your pet ever bitten anyone? \_\_\_\_\_

Special Instructions \_\_\_\_\_

Food or Medications Required \_\_\_\_\_

Preferred Pickup Time and Date \_\_\_\_\_

(You may be able to pickup your pet on the weekend. Talk to our care team members.)

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

Owner or Responsible Party: \_\_\_\_\_