



Calhan Veterinary
Clinic

calhanvet@calhanvet.com

13425 N. Calhan Hwy
Calhan, CO 80808
719-347-2702
www.calhanvet.com

BOARDING AGREEMENT

Name/Phone of Regular Veterinarian:

Admission Date: _____ Arrival Time: _____

Owner's Name: _____

Address, City, State, Zip: _____

Emergency Contact Number: _____

Animal(s) Name(s): _____

Sex(es): _____ Age(s): _____ Breed(s) _____

Vaccinations Needed: Rabies _____ DHLPP _____ Bordetella _____ Canine Flu _____

Medications, supplements to be administered, including route of administration and frequency:

Diet: _____ Frequency: _____

Special Instructions: _____

Approximate pick-up time and date: _____

Reasonable precaution will be used against injury, escape or death of your 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 problems that develop with my pet will be treated as deemed best by the staff and the veterinarians and I assume full responsibility for the treatment expense involved.

In the rare and unfortunate event that your pet dies in our care, you or your emergency contact will be notified immediately and we will keep your pet until we hear from you with further instructions.

I hereby authorize Calhan Veterinary Clinic to care for my pet(s) as described above, and give permission to administer medications or supplements, including off-label products, as described above.

Signature: _____