## **Barking Lot Required Vaccination Agreement**

In order to ensure the safety of all animals at the Barking Lot up-to-date vaccinations are required, NO EXCEPTIONS (Cats do not require the bordetella vaccine). It is the responsibility of the pet owner to keep their pet's vaccinations current.

Please take the following paperwork to the Veterinary Treatment Facility to have the following information filled out and verified, prior to making a boarding reservation. Reservations can be made without the form completed as long as the owner has scheduled appointments with the V.T.F. for their pets to be vaccinated prior to the drop off date. In the event that a vaccine will expire while the animal is at the boarding facility, it is the responsibility of the owner to make an appointment to ensure all necessary vaccinations are rendered prior to their expiration. If the required vaccinations are not received, boarding services will be refused, NO EXCEPTIONS.

		I have read and	fully understand the	e above  ——	(initials).
Owner Name:					_
	Print name (Last, First)	Title/rank	Signature		Date
Barking lot:					
	Print (Last, First) Barking Lot Staff	Title/rank	Signature		Date
Pet Information	on:				
	Name I	Breed	Species	Sex	Age
	ut by the Veterinary Trea	tment Facility:			
REQUIRED VA RABIES:	ACCINATIONS  Date vaccine was recei	ved:			
VADILS.	Date vaccine will expire				
DAP-PV (Dog)	: Date vaccine was recei	ved:			
	Date vaccine will expire	e:			
VR-CP (Cat):	Date vaccine was recei	ved:			
, ,	Date vaccine will expire				
SORDETELLA:	Date vaccine was recei	ved:			
	Date vaccine will expire				
	•	ommended Preve	entative Tests		
ECAL TEST:	Date/Results:				_
HEARTWORM	TEST: Date/Results:				-
Varified by:		(Print)	10	Sign)	(Data)

## **Proof of Appointment**

In order to ensure the safety of all animals at the Barking Lot, up-to-date vaccinations are required. It is the responsibility of the pet owner to follow through with the appointment. Due to our policy, if the appointment isn't kept and the required vaccination(s) are not received, boarding services will be cancelled, NO EXCEPTIONS.

I have	e read and fully und	erstand the above	(initial)	
Print (Last, First) ************************************				
To be filled out by the Ve	terinary Treatment	Facility staff:	-	
Pet name:	Species:	Breed:		Age:
Microchip #:	Sex:	Color:	V	Veight:
Vaccinations Needed (Ap	pointment Schedule	<u>ed):</u>		
Rabies:				
DAP-PV (Canine):				
FVRCP (Feline):				
Bordetella (Canine):				
<u>Comments:</u>				
Print (Last, First)  Veterinary Treatment Factors  ***********************************	ility			******
Print (Last, First) Barking Lot	Title/rank	Signature	 Date	