

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 above _____ (initials).

Owner Name: _____
 Print name (Last, First) **Title/rank** **Signature** **Date**

Barking lot: _____
 Print (Last, First) **Title/rank** **Signature** **Date**
 Barking Lot Staff

.....
Pet Information: _____
 Name **Breed** **Species** **Sex** **Age**

To be filled out by the Veterinary Treatment Facility:

REQUIRED VACCINATIONS

RABIES: Date vaccine was received: _____
 Date vaccine will expire: _____

DAP-PV (Dog): Date vaccine was received: _____
 Date vaccine will expire: _____

FVR-CP (Cat): Date vaccine was received: _____
 Date vaccine will expire: _____

BORDETELLA: Date vaccine was received: _____
 Date vaccine will expire: _____

Recommended Preventative Tests

FECAL TEST: Date/Results: _____

HEARTWORM TEST: Date/Results: _____

Verified by: _____ (Print) _____ (Sign) _____ (Date)

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 read and fully understand the above. _____(initial)

Print (Last, First)	Title/rank	Signature	Date

To be filled out by the Iwakuni Veterinary Treatment Facility staff:

Pet name: _____ Species: _____ Breed: _____ Age: _____
Microchip #: _____ Sex: _____ Color: _____ Weight: _____

Vaccinations Needed (Appointment Scheduled):

Rabies: _____
DAP-PV (Canine): _____
FVRCP (Feline): _____
Bordetella (Canine): _____

Comments:

Print (Last, First)	Title/rank	Signature	Date
<i>Iwakuni Veterinary Treatment Facility</i>			

Print (Last, First)	Title/rank	Signature	Date
<i>Barking Lot</i>			