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**BOARDING AGREEMENT**

To ensure the protection of all pets under our care, your pet **must be** up-to-date on their vaccines. If the vaccines were done at another hospital, we will require a vaccine certificate as proof. We also recommend your pet be on monthly flea & deworming prevention.

**DATE OF PICK-UP:** \_\_\_\_\_ AM or PM

**BATH?** YES or NO

**OTHER TREATMENT DURING STAY:** \_\_\_\_\_

**FEEDING DIRECTIONS**

Type of food?	
Amount to feed?	
How often?	

**EMERGENCY PHONE NUMBER(S)**

Contact name	Phone number

**MEDICATION(S)**

*If your pet has a medical condition that requires monitoring and medication there may be an additional charge.*

Name of medication(s)?	
Directions? Time of day given? Time of last dose?	

**PET'S BELONGINGS**

*We are not responsible for lost or damaged items.*


**MEDICAL ILLNESS POLICY**

*If your pet becomes ill, we will call the emergency phone numbers listed above regarding your pet's symptoms, diagnostic tests, and treatment options. If no one can be reached please indicate what you would like us to do:*

- Please perform whatever diagnostic tests and treatments the Veterinarian deems necessary for the best care of my pet until someone can be reached.
- Do NOT perform any diagnostic tests or treatment until specific authorization is given.

**Owner's Signature:** \_\_\_\_\_