



Twin Forks Clinic

P.O. Box 363
151 Badger St.
Wray, Co 80758
Phone: (970) 332-3116
Fax: 1-866-423 - 5922

P.O. Box 449
70342 Highway 61
Benkelman, NE 69021
Phone: (308) 423-2895
Fax: 1-866-423 - 5922

Michael Downey DVM Rodney Auffet DVM Justin Gdanitz DVM

Boarding Agreement

Date In: _____ Date Out: _____ How many days _____ How many pets _____

Owner: _____ Emergency Phone: _____

Name: _____ Collar color: _____ Sex: ___ Age: ___ Color: _____ Breed: _____

Name: _____ Collar color: _____ Sex: ___ Age: ___ Color: _____ Breed: _____

Name: _____ Collar color: _____ Sex: ___ Age: ___ Color: _____ Breed: _____

Medications: _____ Instructions _____

Special Food/Medications/Special Items Left For The Animal:

****All animals entering the hospital must be current on vaccinations, free of external parasites and dewormed within the last 6 months or they will be treated at the OWNER'S expense.***

I authorize the veterinarian to do whatever necessary should an emergency situation arise, to include tranquilization/anesthesia as required.

I agree to pick up my pet within **FIVE DAYS** of the discharge date, and my pet may be considered abandoned if I do not. In my failure to recover my pet, you are automatically authorized to dispose of my pet as deemed professionally necessary.

Fees are charged on a per day basis.

Full Payment is Due Upon Release.

Owner's Signature: _____ Date: _____