## **BSAH's Boarding Policies**

It is the policy of Buffalo Small Animal Hospital-(BSAH) to provide open and clear communication with our clients. For your pets, we pledge to provide clean and safe quarters, and conscientious, compassionate, individual care of every single animal left in our trust. This pledge requires a certain amount of paperwork for you, so please bear with us.

If any of our policies or guidelines are not clear, please ask a team member, and we will be happy to give you more information.

\*Please allow 15 minutes or so to drop off your pet so you can appropriately fill out paperwork and we can find out all about your furry friend's needs\*

To insure the protection of all animals under our care and to prevent the spread of infectious disease, any animals staying with us must be current on all vaccines, be clean, free of fleas, ticks and intestinal parasites.

## **VACCINATION INFORMATION:**

Vaccines must be current for an animal to board at our hospital. Vaccines required for dogs are Rabies, Distemper, Leptospirosis and Bordetella (Kennel cough). Vaccines required for cats are Rabies, Distemper and Leukemia.

\*\*Any pet in need of vaccines *may* also require an examination with a Veterinarian\*\*

**Food:** We recommend you bring your pet's own food in an airtight container with your pet's name and type of food noted on the outside. For \$1 per day, BSAH can provide dry food (Science Diet Sensitive Stomach) for your pet(s). Cans of food may also be purchased (Sci. Diet Chicken) separately if you would like.

**Medications:** Please ensure any medication is in original packaging with the pet's name and dosage information.

**Belongings:** We ask that you limit pet's personal belongings to 3 items. Please bring machine-washable items. Be sure you've labeled all items with your pet's name so we may ensure it stays with your pet. If they are not labeled we will use permanent marker to label them. A Tyvek collar with your pet's name and ID will be placed on your pet for the duration of their stay. Choke chains/collars and pinch collars will not be accepted. Although every effort will be made to care for your belongings, if any item is left with your pet during boarding, it is left at your own risk. BSAH is not responsible for the condition of any personal articles. Items will be removed if they become soiled or your pet(s) begin to destroy them.

**Your Agent:** You must provide an alternative/emergency contact (your "Agent") that you authorize us to contact in the event that you are unreachable. You agree that your agent has your full authority to make all decisions, including but not limited to: expenditure of funds and veterinary treatments and/or procedures. In the event that another person is to pick up your pet, please call us in advance to arrange payment and give us their name and number(s) at the time of drop-off.

**Boarding Charges:** Charges are calculated per night. All pets will be dropped off and picked up only during regular business hours. If a pet enters in a condition needing either flea or tick prevention, BSAH will administer treatment at my expense. BSAH requires that all payment be made at the time of drop-off. This will ensure your pick up is as smooth as possible. **Boarding Hours:** Mon - Fri 7:30am-5:40pm Sat 8am-12:40pm

Should the circumstances arise that your pet(s) remain unclaimed after the stated date of pick up, you understand that an attempt to notify you will be made. Per NYS Ag and Market Law, seven days after such notice the pet(s) will be considered abandoned and will become unclaimed property of <u>BSAH</u>. It is further understood that such action will not relieve your obligation to pay all costs associated with your pet's stay.

<b>Photo Release:</b> I give Buffalo Small Animal Hospital permission to take photos for use including but not limited
to: website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition, or
editorial use. I also agree to release Buffalo Small Animal Hospital from all claims for libel, slander, invasion of
privacy, infringement of copyright or right of publicity or any other claim. Your personal information - name, pet's
medical history will not be included unless consent is given. (We mostly want to share cute or educational stories on FB)
I consent to use of my Pet's photoInitials I consent to my personal information:Initials

	EMERGENCY MEDICAL CAP	$\frac{RE}{RE}$ (Please choose 1 of the b	elow)
will make every effort to	ds the care of my pet is entrusted contact me or my emergency co will not give directions on how to	ntact (agent). In the event eithe	r cannot be reached in a timely
attending veteri medications, tra	I will proceed with urgent medica narian, this can include, but is not insporting my pet or emergency s es incurred to maintain my pet's	t limited to, stabilizing care, diag surgery. I authorize any care requ	nostic tests, prescribing
Owner's Signature		Date	
Emergency Contact Na	ame	Phone Number	<u> </u>
to the amount o	will proceed to attempt to stabil of \$ If treatments with the humane euthanasia and will make	ill exceed this amount, and it is use arrangements for aftercare.	ınlikely my pet will recover, I then
make arrangem	is <b>not</b> to proceed with medical treents for aftercare.		
my pets in the same ruduration of their stay user arising from injury or of for all charges of medipets is witnessed, for the care of Example in the care of Example care to keep my pet in BSAH staff to take my harmless for condition rough fur coat, kennel agree to hold BSAH haby my pet or inflicted my pet. I also acknowless.	r: please initial if you will have must nor kennel. I understand the anitual less problems arise. I hereby redamage inflicted by one of my pet cal services provided by BSAH for their safety, the pets will be separable by signing below I understand an auffalo Small Animal Hospital (BSA) good health. I understand the hopet(s) for walks outside, and am a state can be unavoidable in a boat cough or upper respiratory infecting my pet by another animal. I edge that I have written down and e of my pet. (form attached)	imals will be housed together in lease BSAH and staff from any a ts on another during their stay, at treatment for said injuries. If agrated and housed individually for and agree that; IAH) with the understanding that expital cannot guarantee the head aware that there is not overnighter arding environment including, betion, diarrhea, vomiting, or ingelloss, disease, or injury to person assume all risks for the care, bo	the confines of the space for the nd all responsibility or liability and understand that I am liable agressive behavior by one of my or the remainder of their stay.  (name or agent) am placing the hospital will use reasonable alth of any animal. I authorize the t staffing. I agree to hold BSAH out not limited to: weight loss, stion of a foreign body. Further, I as, property or other pets caused arding, bathing and grooming of
Name:	Signature		Date
Lagree that hy cignin	ng this agreement I confirm I ar	m over 18 years of age I have	read understand had the

I agree that by signing this agreement I confirm I am over 18 years of age, I have read, understand, had the opportunity to ask questions, and agree to all information presented to me. This agreement, when signed, is good for one-year from the original signature date.