



Merrimack Veterinary Hospital
 235 Daniel Webster Hwy, Merrimack, NH 030354

BOARDING AGREEMENT

Person(s) to Contact _____
 In Case of Emergency: _____
 Emergency Phone Number(s): _____
 Boarding Rate Per Day: _____
 Suite Assigned/Requested: _____
 Date In: _____ Date Out: _____

Check out time is 11 am. Pick up after 11 am will accrue a charge for that day.

FOR YOUR PETS HEALTH

Medical Requirements: To ensure the protection of ALL pets under our care, the following must be current and there must be no evidence of internal or external parasites (ie. fleas/ticks) on your pet:

Annual Veterinary Exam Distemper Rabies Annual Fecal Floatation
Kennel Cough (dogs only)

I understand that my pet will not be admitted to Boarding if the above are not current. I also understand that Merrimack Veterinary Hospital will provide treatment in accordance with the above policy at the owner's expense if evidence of internal or external parasites is noted on my pet during his/her stay.

The boarding staff makes every effort to provide a safe and comfortable environment during your pet's stay. However, there is always the possibility that your pet may sustain an injury. The most common injuries that occur in boarding are bruises, lameness, abrasions, scratches, and puncture wounds.

Additionally, certain illnesses and infections can be transmitted by other sub-clinically contagious animals. Animals identified as infectious will either be removed from the boarding environment or isolated to the extent possible.

Minor illnesses can also occur. These include, but are not limited to, intestinal upsets (vomiting or diarrhea), coughing and skin irritations. These types of problems usually resolve with appropriate treatment.

If your pet develops one of these problems, a hospital veterinarian is available to examine and treat your pet. Please indicate your preference by initialing below.

___ I want the veterinarian to examine and treat my pet. I accept responsibility for any/all costs that may be incurred. This would include an exam charge along with injections, medications, or additional treatments as deemed appropriate.

___ I do not want any exam or treatment unless given specific authorization.

In the unlikely event that your pet develops a severe or life-threatening illness we will make every effort to contact you. If no one can be reached please indicate your wishes below.

___ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I accept responsibility for any/all costs that may be incurred.

___ Do not administer any medical treatment other than supportive care until specific authorization is given. Supportive care refers to medications and/or treatments used to alleviate pain, suffering, and to stabilize vital signs. I accept responsibility for any/all costs that may be incurred.

Please list your pet's diet and any medications or prescription diet (along with diet instructions) that your pet requires.

Does your pet have any preexisting medical conditions that we should be aware of? (The kennel staff does not review medical records).

YES ___ NO ___

Please list below.

Any pets staying more than 1 to a cage need to sign that you are okay with it and to the best of your knowledge the pets will not fight or hurt each other. By signing below you are agreeing that if anything is to happen and your pet becomes injured as a result of being in the same cage, that MVH is not responsible for all costs of the treatment and that we are not liable to any injury. You also agree that we will take action to provide medical care to the injured pets. If this pertains to you and your pets boarding stay, please sign on the line below.

 X _____ PRINT: _____ DATE: _____

Note: There is an additional charge of **\$13.50** per day for medication administration. If your pet is on insulin, you must bring your own insulin. The charge for insulin administration is **\$26.80** per day. All medications must be in the original container and clearly labeled with the drug name, dosage, and administration instructions.

Note: Diets brought from home must be packaged in plastic bags (one meal per bag). For pet safety, diets may not contain raw meat of any kind or animal bones (cooked or uncooked).

Note: Merrimack Veterinary Hospital does not accept blankets, toys, bones, or other personal belongings intended to be left with your pet.

Additional Services for Boarding

Entertainment Package: This package includes 2 interactive group daycare sessions per day, and a daily Kong filled with your choice of peanut butter or cheese. This package is great for our energetic guests that prefer some enriching activities during their stay. **\$18.60** per day. Would you like the daily package above? **YES** ___ **NO** ___

Day Care Only (Mon-Fri Only): If you would like your pet to go into daycare but do not wish to have the package above, there is a charge of **\$14.00** a day for daycare. **Dates to participate in daycare:** ____, ____, ____, ____, ____, ____

Kong Toys: We routinely freeze Kong toys of various sizes filled with yummy peanut butter or cheese. Most dogs will lick and lap at them for hours each day, thus preventing boredom and helping to relieve anxiety. Dogs absolutely love them! A charge of **\$7.70** per Kong will be incurred if you would like your pet to receive one of these tasty treats. **Dates to receive Kong Toy:** ____, ____, ____, ____, ____, ____

While your pet is staying with us, are there any additional services you would like us to do for you? Example grooming, nail clipping, vaccines, etc. **YES** ___ **NO** ___ **Service to be performed:** _____

List of the names of all individuals authorized to pick up your animal (including children):

Name _____ Phone Number _____

Name _____ Phone Number _____

What payment arrangements have you made with this person? _____

Merrimack Veterinary Hospital does not accept personal belongings for boarding guests.

Boarding Hours:

Arrival & Pick-up Times: **Mon - Thurs 7:30am - 8pm / Fri 7:30am - 6pm / Sat 8am - 1pm**
Sunday hours are for pick-up only: **9am - 11am / 4pm - 6pm**
Reminder: Check Out Time is 11am. Pick up after 11am will incur a charge for that day.

Owner Signature: _____ Date: _____

Staff Only:

Staff Initials at Check In: _____ Staff Initials at Check Out: _____
Medications Returned: _____ New Medication to Owner: _____ Food Returned: _____ All Charges In: _____