

Churchville Veterinary Clinic | Churchville Pet Resort
Boarding Contract

Check-In Date: _____

Check-out Date: _____

Owners Name: _____

Address: _____

Phone Number: _____

Animal Name: _____

Age: _____ Species: _____

Sex: _____

Date of Birth: _____

Breed: _____ Color: _____

Reminders Due: _____

I request the following medications to be administered: (Please list the medication name, frequency and special instructions):

What my pet eats daily. Name of food: _____

How much? _____

How often? _____

If my pet is not up to date with the vaccines and tests listed below, I authorize Churchville Veterinary Clinic to treat my pet(s) to be vaccinated/treated. We require all animals boarded to be up to date on the following vaccines and tests:

Dogs: Distemper, Parvo, Parainfluenza Combo, Bordetella, Rabies, Canine Influenza, Heartworm Test (yearly) and Fecal Test (yearly).

Cats: Distemper Combo (yearly), Rabies, Leukemia (or current Leukemia test for cats that spend time outdoors) and Fecal Test (yearly).

My pet was last given Heartworm Preventative on : _____ Product: _____ and

Flea and Tick Preventative on: _____ Product: _____.

The following personal belongings belong with my pet: _____

_____-As the owner or authorized guardian of this animal, I give permission to Churchville Pet Resort to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. If my pet appears to be ill, I authorize Churchville Pet Resort to engage the services of Churchville Veterinary Clinic at my expense. I agree to pay all veterinary charges incurred by my pet while in the care of Churchville Pet Resort. Should injury or circumstance warrant the need for emergency service, I understand that Churchville Pet Resort will try to contact both the Owner and Emergency Contact listed on this contract before treatment, but will exercise the option to proceed if no one is available for permission.

____ I understand that even if my pet is vaccinated against Kennel Cough (Bordetella), there is a chance that my pet can still contract Kennel Cough or any other illness during their stay. I agree that Churchville Pet Resort shall in no way be responsible should my pet contract any illness while in their care and I agree to pay all costs associated with medical treatment.

____-I understand that Churchville Pet Resort will exercise all due diligence and care in the guardianship of my pet and that normal precautions are used to prevent injury, escape, or death of my pet while boarding at Churchville Pet Resort. The staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I hereby waive and release Churchville Pet Resort, Churchville Veterinary Clinic, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any pet including my own, and I expressly assume the risk of such damage or injury while my pet is on the grounds or in the surrounding area thereto.

____-I understand if my pet(s) is found to have fleas, lice, ticks, they will be immediately treated for fleas, lice and ticks with a treatment prescribed by a veterinarian and/or bathed. I understand the fees associated with the treatment and/or bath would be at my expense.

____-I have labeled all toys, belongings, medications, foods, treats, etc. brought with the pet so that they may be used correctly and we may return any unused/ remaining items. I shall not hold Churchville Pet Resort for any missing toys, belongings, medications, foods, treats, etc. while my pet is under their care.

____-I agree to pay the rates that are in effect at the time my pet is at Churchville Pet Resort and agree to pay all fees associated at time of pick up. I understand any bill which is not paid within thirty (30) days of receipt may incur interest at 1.5% monthly and Churchville Pet Resort has the right to initiate collection proceedings for overdue bills past thirty (30) days.

Emergency Contact (Please tell us who to contact in case of emergency-OTHER THAN OWNER):

Name: _____ Phone #: _____

If anyone other than the owner has permission to pick up your pet, please give us their name and phone number:

Name: _____ Phone #: _____

Owner Signature: _____ Date: _____