

Annual Boarding Agreement

Owner's Name: ___<first-name> <last-name> _____ **Pet Name:** ___<animal>_____

Address: ___<address> ___<city>, <st> <zip> _____ **Client #** ___<number> _____

Vaccines:

In order to board your pet the following vaccines need to be up to date:

- Canine : Rabies, Influenza, DA2PP & Bordetella
- Feline: Rabies & FVRCP

If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations.

If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill. _____ (Initial)

Diet:

We will feed your pet Hills Adult Sensitive Stomach food twice a day. We will be pleased to feed a prescription diet or another commercial diet of your choice if you bring it with you. Please clearly mark any food with your pet's name and detailed feeding instructions.

Medication:

If your pet will be receiving medications during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. An administration fee will be charged. _____ (Initial)

Statement of kennel policy:

1. Boarding is charged per night, at a full days rate. No discount for early pick up.
2. Pets must be picked up between 7:30am and 6pm Monday-Friday or between 7:30am and 12pm on Saturdays. Discharge after hours are not allowed. A Sunday pick-up at 4:30pm can be arranged (with an additional fee) at time of reservation or at least 48 hours in advance. Monday is our standard pick up time for weekend boarding and standard rates apply. Sunday services are limited to pre-arranged boarding pickups, so no other services are available at that time such as: boarding drop offs, prescription refills, OTC purchases, appointment scheduling, bath and grooming services. **ALL** boarding must be paid in full at time of check in. A credit card must be on file for any scheduled medical services or incidental charges that occur during length of stay and will be charged upon pickup. _____ (Initial)
3. We do not recommend leaving any personal items, however, any personal items may be left at your own risk. We are not responsible for loss or damage.
4. We cannot guarantee the health of any animal, but pledge to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to: weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. _____ (Initial)
5. Should the pets identified on this record become ill, Oldtown Veterinary Hospital will provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. _____ (Initial)

I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further fees with the attending veterinarian. _____ (Initial)

6. Any pet found to have fleas or ticks will be treated at the owner's expense. _____ (Initial)
7. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered to be abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations. _____ (Initial)

I have read and understand the above and I am in full agreement.

Signature of owner or agent _____ Date _____