

All Creatures Veterinary Hospital – Boarding Agreement

Owner's Name: _____ Pet's Name(s) _____

Address: _____ Date of Admission: _____ Time: _____

_____ Discharge Date: _____ Time: _____

Owner Contact Phone: _____

Emergency Contact: Name: _____ Phone: _____

To insure the protection of all pets under our care, all vaccines must be current. If not, an exam and the required vaccines will be administered at owner's expense. Bordetella (kennel cough) & Influenza is also mandatory for all dogs. It is recommended that all cats be Leukemia/FIV tested. Your pet must be free of internal and external parasites. If not, treatment will be done at owner's expense.

*****THE HOSPITAL IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS LEFT WITH YOUR PET*****

ACCOMMODATIONS: Accommodations include lodging in our specially designed kennel suited to the size of your pet, feeding twice daily (unless otherwise specified) with Iams, Science Diet or Eukanuba products (or owner-provided food). Fresh water will naturally be available at all times. Your pet's quarters are cleaned and sanitized at least twice daily. Exercise is provided individually, twice daily (unless otherwise specified) in our pet friendly playroom. The area is sanitized after each pet's use. Daily medication (if necessary) is administered as ordered for an additional fee.

You may request additional special services (at additional cost per service) for your pet(s) while in our care. Please inquire with the receptionist at the time you bring your pet to visit with us. SPECIAL INSTRUCTIONS AND/OR ADDITIONAL SERVICES:

****Has This Pet Ever Bitten Anyone?** _____

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet(s) at this facility is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number listed above regarding treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

- () *Please perform* whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.
- () *I authorize* up to (check one): __ \$100.00 __ \$250.00 __ other \$ _____ in medical care for my pet until someone can be reached.
- () *Do not administer* any medical treatment until specific authorization is given.

**** A deposit of at least half the total balance due is required at the time your pet(s) are admitted.**

[If I fail to pick up my pet(s) and they are then considered "abandoned" I will relinquish all claims to ownership and All Creatures Veterinary Hospital will be at liberty to humanely dispose of the animals as they see fit. I understand that I am still responsible for all costs incurred including attorney's fees, collection costs and other costs]

I fully intend to pick up my pet(s) on the above date specified. If circumstances change, I will notify this hospital of the new pick up date.

Owner's Signature: _____ Date: _____