

MASTER BOARDING AGREEMENT

REQUIREMENTS FOR BOARDING –

By initialing next to each line, you are attesting your agreement to requirements and some additional fees that may be associated with your pet's boarding stay at Pet Hospital.

- Pet Hospital requires that All pets be current on all vaccinations. Vaccine history must be verified prior to boarding if they were done elsewhere.
- DOGS: rabies, distemper-parvo, and bordetella 6 month
- CATS: feline distemper, rabies, and feline leukemia(only if they are younger than 3 yrs old).
- For the protection of your pet and other pets boarding, if your pet is not current on all vaccines or we are unable to verify vaccines, we will have to vaccinate in order for your pet to board here. _____
- All pets must be free of external parasites (Ticks, fleas, etc.). If your pet is found with external parasites, during their boarding visit, they will be treated with Capstar which is an oral tablet that kills fleas for 24 hours. There is an additional fee for a Capstar tablet. _____
- Bedding, toys, food dishes, etc. are provided by us. Since these items are rotated out to be laundered etc., each day, we do not allow personal items to be left by owners. Any personal items left may get mixed up with our items and may be lost. Pet Hospital will not be responsible for lost items. _____
- We make every effort to reduce stress on pets while boarding with us. To ensure a calm atmosphere for all of our boarding pets, we offer natural calming aids as needed. If we feel that this is not enough, then we may need to administer a very mild tranquilizer to your pet if they appear stressed, excessive barking, disruptive behavior, etc. There will be a fee if a tranquilizer is needed. _____
- Pets sharing kennels who get into altercations will be automatically moved to separate kennels. Each pet will then be charged an individual boarding fee at full price instead of the reduced sharing fee.. The cost will depend upon which kennel size we have available. If injuries occur during an altercation between your pets, you will be fully responsible for any fees associated with treatment and/or medication required. _____
- To my knowledge my pet is healthy and not coughing, gagging, or sneezing and is free of nasal discharge associated with infection. My pet has not been around any other pet who was showing these symptoms in the last 2 weeks. I understand that Pet Hospital takes the utmost care in cleaning and disinfecting their facility. Therefore, the hospital reserves the right to refuse patients who are coughing or showing sign of upper respiratory infection from being boarded. _____
- All boarded pets, even fully vaccinated pets, placed in stressful situations may suffer decreased immunity and gastric changes. Vaccines do not protect against all disease. All boarded pets become susceptible to sore throats, voice changes, canine cough, diarrhea, constipation, excessive grooming or shedding. We cannot be responsible for costs associated with these conditions if they arise during or after boarding and you agree not to hold us liable for any costs associated with these conditions. **We do not recommend boarding for extremely old, chronically ill or debilitated pets. These pets have a significantly higher risk of injury, progression of illness, debilitation and susceptibility to disease.** _____
- I understand that if my pet needs medication administered I must provide the medication and there is an administration fee of \$2.50 per day. _____

MEDICAL EMERGENCIES/ILLNESS/LOSS

In the event of a medical emergency or serious illness we will attempt to contact you. Please list phone numbers where we can contact you.

_____ # _____.

If we cannot contact you and emergency care is required, you give permission for the doctors and staff at Pet Hospital, to provide whatever medical and/or surgical treatment is necessary for your pet and you understand and agree to accept responsibility for all fees.

Signature _____

Please list an additional contact in case of a medical emergency or serious illness..

Name of contact _____ # _____

Do you give this person the authorization to make all decisions about your pet if you cannot be reached?
(circle one) YES NO

CONSENT- LEGAL OWNERSHIP & RESPONSIBILITY

I am the owner of the pet(s) listed on this master boarding agreement. I do hereby consent and authorize Pet Hospital to board the pet(s) listed. I give consent to Pet Hospital to administer vaccinations and/or emergency treatment required for the health of my pet while he/she is under the care of the doctors and staff. I understand that if my pet becomes ill or requires emergency care, there is no guarantee of a favorable outcome and I understand that I will still be responsible for all fees. I agree to release Pet Hospital and its staff of all liability associated with boarding my pet(s).

I understand that I am responsible for payment in full at the time of checkout. If my pet is staying more than 7 days, or I extend the amount of days my pet is boarding for, I understand that the amount of boarding days must be pre-paid.

I understand that by signing this master boarding agreement, the policies stated on this agreement are active anytime I board my pet(s) at Pet Hospital.

Signature of Pet Owner: _____ Date : _____

Print First Name _____ Last Name _____

Pet's Name #1 _____

Pet's Name #2 _____

Pet's Name #3 _____

Pet Hospital Witness
