

Initial Boarding Agreement with Request for Information, Explanation of Policies, and Preauthorization for Emergency Care

Owner's/Authorized Agent's Name: _____

Pet's Name _____ Sex: F ___ Spayed F ___ M ___ Neutered Male ___

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Would you like your pet(s) bathed while boarding? _____ Yes _____ No

Would you like you pet(s) groomed while boarding? _____ Yes _____ No

Vaccines

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PP, and *Bordetella* vaccines, and cats have current rabies and FVRCP vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding, unless otherwise stated by the veterinarian on staff. Vaccines that must be administered at this facility or by a licensed veterinarian working with this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

I certify that my pet(s) have received the following vaccines with the stated administration and expiration dates:

Pet "A" _____
Rabies _____ DA2PP/FVRCP _____ Bordetella _____

Pet "B" _____
Rabies _____ DA2PP/FVRCP _____ Bordetella _____

Pet "C" _____
Rabies _____ DA2PP/FVRCP _____ Bordetella _____

Diet

For your pet's nutrition and care, we recommend bringing their own diet. We have a variety of foods available to meet the nutritional needs of your pet. The diets will be at an additional cost if we provide the food. For each pet, please indicate the food to be fed and then specify whether your pet eats dry food only, canned food only, or both, and the number of times your pet is fed each day.

Available foods: Adult maintenance, puppy/kitten growth, senior diet: _____ (specify)
Selected Prescription Diets _____ (specify), Other: _____ (specify)

Pet "A" _____
Food _____ Dry/Canned/Both: _____
Frequency of feeding: a.m. _____ p.m. _____ both: _____

Pet "B" _____
Food: _____ Dry/Canned/Both: _____
Frequency of feeding: a.m. _____ p.m. _____ both: _____

Pet "C" _____
Food _____ Dry/Canned/Both: _____
Frequency of feeding: a.m. _____ p.m. _____ both: _____

We will be pleased to feed another commercial or prescription diet of your choice if you bring it with you. Please provide special feeding instructions: _____

Medications

If your pet will be receiving medication 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 medication administration for your pet are at an additional charge.

- Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Statement of Kennel Policy

1. A full day's board is charged for the first day, no matter what time your pet is admitted.
2. Pets must be picked up between 9 am and 12 pm for a 1/2 day charge. Pet's picked up after 12 pm will be charged a full day boarding fee. Discharges after hours are not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. If my pet(s) identified on this record become ill, Prestige Animal Hospital will provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____.
I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
6. All animal must be free of external parasite (ex. ticks, fleas, etc.), or they will be treated at owner's expense.

Payment

I agree to make full payment at the time of drop off. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I do understand that continuous presence of personnel may not be present during my pet's stay.

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

Signature of Owner or Authorized Agent

Date

Supplemental Boarding Log and Agreement

Owner's/Authorized Agent's Name: _____

Address: _____

Phone(s):

Primary :

Secondary :

Spouse or Co-owner's Name _____ Phone(s) _____

Pet's Name(s)	Arrival Date	Departure Date	Owner's Emergency Phone	Acknowledgement of Boarding Agreement	Items Left (Leashes, Toys)

If my pet(s) identified on this record become ill, Prestige Animal Hospital will provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____.

I agree to make complete payment to this boarding facility at the time of drop off. 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 abandoned and will be handled in accordance with the requirements of state law, and that doing so does not relieve me of my financial obligations to this facility.

Signature of Owner or Authorized Agent

Date