

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

Owner's/Authorized Agent's Name: _____ Pet's Name: _____ Species: _____
Sex: _____ Color: _____ Weight: _____ pounds.

Arrival Date: _____ **Departure Date:** _____ **Time:** _____

*Boarding charges apply like a hotel stay: Check-in 3pm or later & Check-out 12pm
Pets checking-in before 3pm will have a one day extra boarding charge and pets checking out after 12pm will also have an full extra day of boarding charge*

We do not have any staff on duty after hours. If you wish to have your pet watched 24/7, please board at a different facility.

Vaccine Policy

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current Rabies, DA2PP, Bordetella, Flu H3N8 & H3N2 vaccines, and cats have current Rabies, FVRCP & Felv vaccines. If any of your pet's' vaccinations are past due, they must be inoculated before boarding. 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.

A Fecal Test must have been done in past 6 months with negative results.

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

<u>Canine Vaccine</u>	<u>Due Date</u>	<u>Needs Vaccines</u>	<u>Feline Vaccine</u>	<u>Due Date</u>	<u>Needs Vaccines</u>
Rabies		<input type="checkbox"/>	Rabies		<input type="checkbox"/>
Distemper 5 in 1		<input type="checkbox"/>	FVRCP		<input type="checkbox"/>
Bordetella		<input type="checkbox"/>	Felv		<input type="checkbox"/>
Fecal Test		<input type="checkbox"/>	Fecal Test		<input type="checkbox"/>
Heartworm Test		<input type="checkbox"/>	Felv/FIV Test		<input type="checkbox"/>
Flu H3N8		<input type="checkbox"/>			
Flu H3N2		<input type="checkbox"/>			
Flu H3N2 & H3N8 Combo		<input type="checkbox"/>			

Diet

We have a variety of foods available to meet the nutritional needs of your pet. 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.

We recommend you bring your own food. If you did not bring your own food for your pet, we will be happy to provide food at \$3.00 per meal

Owner provided food Hospital Food \$3.00/Regular meal Hospital Food \$6.00/Prescription meal

Selected Prescription Diets _____(specify), Other: _____(specify) Dry Canned[Must be provided by owner]
 Both: _____

Frequency of feeding: a.m. _____ p.m. _____ both: _____ 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 medications that need to be administered, filled or refilled during the time your pet is boarded will be added to your bill.

Please administer medications: Oral injectable \$3/administration

ILLNESS POLICY WHILE PET'S ARE BOARDING

If my pet(s) identified on this record become ill, I request that the Stonepark Animal Hospital,

provide all medical/surgical treatment it deems necessary, 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.

provide medical/surgical treatment with fees not to exceed \$ _____.

DO NOT PROVIDE ANY MEDICAL/SURGICAL OR EMERGENCY SERVICES. 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.

I, the owner/agent of _____ have read the boarding policy, requirement and illness policy and agree to board my pet and pay all charges due including any treatment, overstay or flea/tick treatment.

Client/Owner/Authorized agent's signature: _____ (Boarding sheet for kennel staff or cage)

Boarding Agreement with Request for Information, Explanation of Policies, and Preauthorization for Emergency Care Statement of Kennel Policy

1. A full day's boarding is charged for the first day and last day are charged no matter what time your pet is admitted or released.
2. Pets must be picked up before 6pm. Discharges after hours are not allowed.
The kennel is closed on the following days: Monday - Friday after 6pm, Saturday after 1pm and Sunday all day and holidays
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. Pets staying for a weekend or holiday will have \$15/day charge in addition to your regular per day boarding charge. These charges will apply for every Saturday and Sunday during the stay of every pet.
6. Boarding charges are pre-paid, any charges occurring during the boarding must be paid off before the release the pet from our facility.
7. Pet's are not released after business hours under any circumstances.

I agree to make full payment at the time of discharge. 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 have read the above and I am in full agreement.

In case of an Emergency contact Mr./Mrs. _____ at (_____ - _____ - _____)

Signature of Owner or Authorized Agent

Date

Kennel Policy sheet for owners