



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

PICK UP DATE: _____

PICK UP TIME: _____ (approx)

Client's Name: _____

Address: _____

Telephone: _____ (BEST number to reach you during your pet(s) stay with us!)

Emergency / Alternate Phone: _____ **Emergency Contact Person:** _____

Pet Name: _____

Breed: _____

Species: _____

Birth Date: _____

Medications: My pet Does not take any medications
Once Daily
Twice Daily
Three times

All pills, caplets, tablets or gel caps must now be placed by you and stored in the free pill boxes provided to you to help ensure accurate dosing as per your wishes.

Please List **ONLY injectable or Liquid** medications below:

Medication: _____
Dose / Amount : _____
Frequency of Administration : _____
DATE and TIME last dose: _____

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Dose / Amount : _____
Frequency of Administration : _____
DATE and TIME last dose: _____

Diet:

We feed all boarding animals according your wishes; however, **PLEASE NOTE, we will NOT feed a raw diet under any circumstances.** Please indicate below the food to be fed, the amount of food, and the number of times your pet is fed each day.

Food / Brand: _____

Amount PER feeding: a.m. _____ midday: _____ pm: _____

DATE and Time last fed: _____

Belongings

We encourage you to bring in your pet's food (no raw diets) and ONE toy. We will provide very comfortable bedding and blankets for your pet while boarding **as long as he/she doesn't destroy or chew on these items.** **Please do NOT bring your pet's bedding, as we provide it for you!** Even though your pet may not destroy the items at home, while here they often become anxious and nervous and could chew or eat their belongings. If this happens, we will remove the items from their environment for their safety.

Please list your pet's belongings (food bin, treats, toys, etc.) below (or type none) and be VERY SPECIFIC.
DESCRIPTION:

- _____
- _____
- _____

Additional Services requested while my pet boards. Please **CHECK** below your request.
By checking below, you authorize the cost to be added to total boarding charges.

- Bordetella
- Canine Influenza Virus
- Heartworm Test
- Nail trim
- Bath
- Surgical procedure: _____
- Other: _____

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. 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.

Pine Creek Veterinary Hospital has my pet's medical and vaccination records ...or...

Vaccines have been done elsewhere and I will provide CURRENT vaccine records (**Breeder or feed store vaccines are NOT accepted**)

Statement of Kennel Policy

1. A full day's boarding fee will be charged for every night that your pet is at our facility.
2. Pets must be picked up between 8:00 am -5:00 PM Monday through Friday and between 9:00am- 11:30 am Saturdays to avoid additional nights charge. Discharges after hours, on Sundays, or holidays 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. You 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. Although, we take our dogs out as often as we can, occasionally young dogs regress in housetraining.

5. If my pet becomes ill, I request that PINE CREEK VETERINARY HOSPITAL, Inc. provide all medical/ surgical treatment it deems necessary and that I am responsible for the cost incurred for said treatment. 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. For the safety of your pet and our staff, if your dog pulls excessively on leash walks, we will fit your dog with a Freedom Harness. The Freedom Harness is a front clip harness designed for dogs that pull. The charge for the harness will be added to your account and can be paid upon your return. The harness will be yours to take home with you.

Signature of Owner: _____

7. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** / **does not have** (check one) my permission to provide such treatment and I agree to pay for such services.

Fee Schedule

Service	Type of Pet	Fee
Boarding - routine	Dog	\$ 32.00 / night per dog
Boarding - routine	Cat	\$ 28.00 / night per cat
Boarding - routine	Exotic	\$ 16.00 / night per exotic
Non-medicated Bath	Dog	\$ 25.00 – 45.00
Non-medicated Bath	Cat	\$ 25.00
Administration of Medication	per time	\$ 3.50

PLEASE NOTE: animals who are not appropriately kennel / crate trained may incur additional charges. _____ (initials)

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.

Signature of Owner or Authorized Agent

Date

By typing your name in the above field
you are electronically signing this
document.

DONE! Thank You!

[Staff only... checked-in by _____ verified form complete]

[Staff only... returned all items to client (client initials) _____ diet _____ meds _____ belongings]