

# 287 Animal Hospital Boarding Agreement

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pickup Date & Time: \_\_\_\_\_

Open Monday – Friday 7:30am-6pm and Saturday 8am – 1pm

## IN CASE OF AN EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

Special Diet, Heartworm preventative, Medications

If your pet requires continual medication we will be glad to administer it. The charge is usually \$2/day unless the pet requires extensive medication. If your pet requires special prescription diet, you may bring some of your food from home or we will have to open a new bag or cans and charge accordingly.

## Instructions:

Has pet(s) eaten today? Y N If yes, when does he/she eat again?

Please indicate any additional services you wish for your pet to receive while boarding:

- |  |   |
|--|---|
| <input type="checkbox"/> Spay/Neuter           | <input type="checkbox"/> Bath/Dip (REQUIRES AFTERNOON/EVENING |
| <input type="checkbox"/> Dentistry             | PICKUP) Date to be done _____                                 |
| <input type="checkbox"/> Anal Glands Expressed | <input type="checkbox"/> Toe Nail Trim                        |
| <input type="checkbox"/> Ear Cleaning          |   |
| <input type="checkbox"/> Microchip             |   |
| <input type="checkbox"/> Other: _____          |   |

Vaccinations – My pet is to be vaccinated while boarding and I am aware that an exam is required with vaccines and that there is a fee for the exam along with the vaccines. \_\_\_\_\_

Refill Heartworm prevention Y N (circle one) If yes, how many months would you like? \_\_\_\_\_

I understand that all vaccinations MUST be CURRENT to the standards of 287 Animal Hospital. My pet must be free of worms, fleas, ticks and contagious diseases (ringworm, colds, etc.) or my pet will be treated at my expense.

If your pet becomes ill while boarding we will make every attempt to notify the above listed contact person; however, because your pet's health is important to us, should we identify any problems, medical treatment will be administered as needed and charged accordingly.

We make every attempt to keep your pet clean; however in a kennel environment soiling of your pet may occur. If this occurs the pet will have to be bathed and you will be charged accordingly.

I authorize 287 Animal Hospital to obtain all previous medical records and vaccination history for my pet.

By signing below I am aware of the policies and procedures of 287 Animal Hospital while my pet is boarding in their facilities, and agree to any additional charges that may be incurred during my pets stay due to such policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 287 Animal Hospital Boarding Release Form

I \_\_\_\_\_, have requested that my pets  
\_\_\_\_\_, be boarded together in the same cage/run. I understand that boarding situations can be stressful, and although my pets are friends/family, I understand that they may scuffle. If a scuffle occurs and medical attention is needed, I authorize 287 Animal Hospital to perform medical treatment as needed. I also agree that such medical treatment is my financial responsibility. If any problems occur between my pets I understand that they will be separated for the duration of their stay. I do not hold 287 Animal Hospital or its employees liable for any injuries that may occur.

Signature:

Date:

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