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**Boarding Agreement**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Type (Circle One): (DOG) (CAT)

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: (M) (MN) (F) (FS) Weight: \_\_\_\_\_\_ Color/Markings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

**Medical Information** – Veterinarian’s Name/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No Shots, No Docs, No Service!** Animal Medical Center will not board, provide daycare, or groom your pet without updated vaccination documentation. So, please provide vaccination documentation and medical records.

**Vaccines Required** :

**Dogs**: Rabies, DAPP, Bordetella (Leptospirosis & Combo Influenza vaccines are highly recommended)

**Cats**: Rabies, FVRCP (Feline Leukemia vaccine is highly recommended)

Please describe any **medical or physical conditions**, including any **medications or allergies**.

**Feeding Instructions:**

**Dietary Conditions/important information we should know:**

**Emergency Contact (other than owner)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (2-other than owner)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information:**

Has your pet ever been bitten or attacked by other dogs, or shown fearful behavior towards dogs or humans? (YES) (NO). If yes, explain:

Has your pet ever bitten or attacked another dog or human, or shown any other aggressive behavior? (YES) (NO). If yes, explain:

Please describe any behavioral problems or other important information we should know:

**Pet Pickup** – Animal Medical Center will release your pet to the following person(s):

**\*\*\* Please Read and Initial Each Section \*\*\***

1. \_\_\_\_ Animal Medical Center reserves the right to immediately change your pet’s type of boarding or daycare if we believe it is necessary to protect the health and well-being of your pet, other pets, or our staff, and Owner agrees to pay any additional costs associated with the change.

2. \_\_\_\_ We accept Visa, Mastercard, American Express, Discover, cash, or check (please note, there is a $25 returned check fee, plus bank fees). Payment is due upon pick up of your dog.

3. \_\_\_\_ Owner agrees that the pet shall not leave the kennel until all charges are paid in full to Animal Medical Center.

4. \_\_\_\_ Owner agrees to be solely responsible for any and all acts or behavior of Owner’s pet while it is in the care of Animal Medical Center.

5. \_\_\_\_ Owner specifically represents that they are the lawful and valid owner of the pet, free and clear of all liens and encumbrances.

6. \_\_\_\_ Owner specifically represents that the pet has not been exposed to rabies, distemper, or parvo within 30 days to boarding.

7. \_\_\_\_Un-spayed females **in heat** may not be accepted. If your dog comes into heat while boarding you will be charged an extra $25.00. Dogs with flea/tick problems will be bathed and or medicated at the owner’s expense.

8. \_\_\_\_ The house brand of dog food is **Royal Canin or Hill’s Science Diet**. If you are feeding any other food, please bring it with you. Changing dog food can cause severe upset stomach. Owners are welcome to bring their own bedding or toys if desired. We cannot guarantee that they will be returned in the same condition, but we will make all effort to do so.

9. **(YES) (NO)** May we, **Animal Medical Center,** have permission to take photos of your pet and publish?

10. \_\_\_\_ Owner agrees that in the event the boarding charges are not paid when due in accordance with this agreement, Animal Medical Center may exercise its lawful rights upon ten (10) days written notice by delivering such notice via first-class mail to Owner’s Address. A pet that is unclaimed at Animal Medical Center for ten (10) days beyond its scheduled discharge date is considered abandoned and will become the property of Animal Medical Center. Every effort will be made to contact Owner if abandonment becomes an issue. If for any reason the pet is not going to be picked up on the scheduled dismissal date, Owner shall contact Animal Medical Center to make arrangements to extend the animal’s stay and will pay the additional charges based upon the aforesaid daily rate.

11. \_\_\_\_ If the pet becomes ill or if the state of the animal’s health otherwise requires attention, Animal Medical Center at it’s sole discretion, is authorized to engage the services of Dr. Williams or arrange for other requisite attention to the animal up to and including $500.00 or \_\_\_\_\_\_\_\_, whichever is greater. If Dr. Williams determines that emergency treatment, which Exceeds the authorized amount, is needed to save the animal’s life or quality of life, and we cannot reach you or the Emergency Contact, we may authorize the veterinarian (Dr. Williams) to perform the emergency treatment. Owner agrees to be responsible for all veterinary costs provided to your animal.

12. \_\_\_\_ Owner agrees to release, indemnify, and hold harmless Animal Medical Center from any and all manner of damages, claims, loss, liabilities, costs or expenses, including reasonable attorney’s fees and related costs, arising out of or related to Animal Medical Center’s services, except which may arise from the gross negligence or intentional and willful misconduct of Animal Medical Center, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to Animal Medical Center (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.

13. \_\_\_\_ Force Majeure. Neither Owner nor Animal Medical Center shall be responsible for failure or delay in performing its duties under this Agreement if such failure or delay is due to tornados, thunderstorms, fire, floods, drought, riot, war or other acts of nature.

14. \_\_\_\_ Please note that Animal Medical Center reserves the right to refuse services to any pet due to health and safety, any pet which presents a risk of injury to other animals, or staff. Example: severe aggression, etc.

\*\*\*CONTINUED ON NEXT PAGE\*\*\*

Should your pet require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I **request** or **decline** that the doctor(s) at Animal Medical Center pursue such medical care as indicated above.

**I have been informed by Animal Medical Center that less than 5% of animals that require CPR will survive to be discharged from the hospital.** I understand that despite the best efforts of the veterinarians and staff at Animal Medical Center, CPR may not save my pet’s life. I also understand that even the most successful CPR that restores my pet’s life may not allow my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid.

**DIRECTIVE OPTIONS: Select A or B:**

**A. \_\_\_\_\_\_ REQUEST FOR CPR**

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of $150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet’s survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I agree that if the Animal Medical Center staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, a veterinarian determines that there appears to be virtually no hope for medical success, the further CPR procedures will cease.

**I have read the above information and release. I agree to the above terms and release and request Cardiopulmonary Resuscitation (CPR) be performed on my pet.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone Number

**OR**

**B. \_\_\_\_\_\_ DECLINE CPR**

**DO NOTE RESUSCITATE MY PET. I have read the above information and release. I agree to the above terms and release and request that NO CPR be performed on my pet.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature Date