

All West Veterinary Hospital

Boarding Agreement

Drop off Date _____ Pick up Date _____ Pick up Time _____

Pet Owner _____

Pet Owner Emergency Phone _____

Emergency Contact (Name and Phone) _____

(In the Event of an Emergency we require an alternate contact in addition to the Owner)

Pet Information

Pet Name(s) _____

Feeding Instructions—*(We feed Royal Canin GI Low Fat.)*

Type of Food—if using your own _____ How Much: _____ How Often: _____
(Brand)

Medications: *(There is a medication administration charge per dose)*

Name of Medication: _____ How Much: _____ How Often: _____

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For the protection of your pets health, our guests must be current on vaccinations. In addition, your pet must have been treated with a spot-on flea preventative within the last 30 days. If Frontline Plus is used, treatment must be within 90 days. If no treatment has been given, Frontline Plus will be applied by our staff at an **additional expense**.

Dogs

Canine Distemper/Parvo Combo _____

Rabies _____

Bordetella (within 12 months) _____

Cats

Feline Distemper Combo _____

Rabies _____

Spot-on Flea Preventative: Type and Date Applied _____ Please provide proof of receipt.

Kennel Cough info: Depending on the causative agent, it can take 5-14 days for a dog to show any coughing after exposure to kennel cough. To ensure your dog has the highest immunity possible, we will require that Bordetella vaccine will need to be current at least 14 days before boarding. However, several other viruses or bacteria can cause kennel cough. Following vaccine guidelines may not provide full protection against kennel cough. Owner's initials _____

Extra Services: *(See estimate for associated fees)* All dogs receive a **Free Bath** if boarding 4 days or more.

Nail Trim _____ Anal Glands _____ Annual Exam _____

Group Play per dog- \$5.00 ea time. Frequency? Daily Every other day Other _____

Group play per family- \$8.00 ea time. Frequency? Daily Every other day Other _____

Individual Exercise- \$8.00 ea time. Frequency? Daily Every other day Other _____

Fees are **per calendar** day. Estimated cost per day: **See Estimate**

Reasonable care will be used against injury, escape, contagious disease or death of the pet(s). The clinic and staff will not be held responsible for problems that may occur given reasonable care and precautions are followed. I understand that any problem that occurs with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense incurred. All West is not liable for lost or damaged items.

I have read and accept the terms of this boarding agreement. _____

(Signature of Owner or responsible party)