

Office Use:
RECEPTIONIST: _____
TECHNICIAN: _____

Boarding Agreement

Owner's Name _____

Emergency Phone # _____

Cell Phone # _____

Other Phone # _____

Drop Off Date _____ Pickup Date _____ Time _____

Pet's Name _____ Canine / Feline

Inside Pet Outside Pet Climber

VACCINATIONS: For your pet's protection and the protection of all our boarding and hospitalized pets, we REQUIRE that your pet's vaccinations, fecal tests and heartworm tests are current. Unless proof of medical care is available upon admission, necessary vaccinations/tests will be performed at the owner's expense. PLEASE NOTE: VACCINATIONS/TESTS MUST BE PERFORMED BY A CURRENTLY LICENSED VETERINARIAN. VACCINATIONS BY OWNERS, BREEDERS OR GROOMERS ARE NOT ACCEPTED.

EXTERNAL/INTERNAL PARASITES: We ask that pets be clean and free of external parasites (fleas, ticks, etc.) AND internal parasites. If your pet enters with either internal or external parasites, we reserve the right to treat at your expense which may include bathing, oral medications (Capstar for fleas) and/or the application of Frontline Plus or Revolution and that the costs will be added to my bill.

BATHING: Should it become medically necessary to bathe your pet, we will attempt to contact you for permission. However, in the event that we are unable to reach you and it is determined that a bath is medically necessary, a bath will be done and added to your bill.

PERSONAL ITEMS: Please do not bring items with your pet, we cannot accept any personal belongings such as bedding, food bowls or toys. All these items are provided for your pet at no additional cost to you. If you wish to upgrade your pets bedding to a fleece "Snuggle Bed" please indicate below. It is safest for our facility to use our toys that are marketed as indestructible and are able to be sanitized. In some cases it may be possible for you to leave a favorite toy for your pet to use during "Playtime" if you have selected playtime sessions for your pet.

COMMUNICABLE DISEASES: All pets coming into the hospital are fully vaccinated however; it is still possible for a pet to become ill, even if vaccinated. While your pet is staying with us, he or she may come into contact with other pets depending on the services you purchase. This is not due to any circumstance or condition at Hemlock Bluffs Animal Hospital and you agree that you will not hold us liable in the event your pet becomes ill during its stay. You further understand by signing this document that if your pet is determined to be contagious during the course of boarding (develops a cough or other respiratory signs or dermatologic condition determined to be contagious by our Doctors) you agree that they will be isolated from the general population and treated for the condition until you are able to return to pick them up.

CONTACT WITH OTHER PETS: If you choose community Playtime, you acknowledge and agree that in the unlikely event that another pet injures your pet, or if your pet injures another pet, that you will not hold Hemlock Bluffs Animal Hospital responsible for the injury. Hemlock Bluffs animal hospital takes every precaution to make playtime as safe as possible by pre-screening playmates, however, animals cannot be predicted in every situation. If your pet is injured we will make every attempt to contact you and will begin any treatment necessary.

BOARDING HOURS (drop off and pick up) are from 7:30 am to 5:30 pm Monday-Friday and 8:30 am to 11:30 am Saturday. Drop off and pick up must occur during regular business hours.

I have read all of the above information and agree to the terms _____ Initial

PLEASE INDICATE IF YOU WOULD LIKE ANY ADDITIONAL PROCEDURES DONE DURING YOUR PET'S STAY WITH US:

Table with columns: Yes, No, Examination, Bath (Clean ears, anal glands and nail trim included.), Routine Medications needed, Nail Trim only, Routine exam, Sick exam, Wellness Exam, Frontline single, 3pk, 6pk, Iverhart 6pk, 12pk.

LIST ANY CURRENT MEDICAL PROBLEMS OR ANY CONDITIONS THAT WE SHOULD BE AWARE OF OR Write "NONE":

Blank lines for listing medical problems or conditions.

IS YOUR PET CURRENTLY ON ANY MEDICATION? ** Yes / No If yes, please list medications and time last given:

Medications: _____ Last given _____ *PLEASE NOTE THERE IS AN ADDITIONAL FEE PER DAY TO ADMINISTER MEDICATIONS. YOU MUST BRING ALL MEDICATIONS WITH YOU FOR ADMINISTRATION OR WE WILL CHARGE APPROPRIATELY FOR USING OUR IN HOUSE PHARMACY. _____ Initial

HAS YOUR PET DISPLAYED ANY DESTRUCTIVE TYPE BEHAVIORS IN THE PAST THAT WOULD PREVENT US FROM PUTTING FUZZY BLANKETS OR TOYS IN THE CAGE? Yes / No

BEDDING ACCOMODATIONS SELECT ONE:

STANDARD PACKAGE ½ inch thick fleece blanket

Or

COMFORT PLUS PACKAGE: (there is an additional fee per day

Lambs wool lined "Snuggle" bed recommended especially

For older pets)

FOOD INSTRUCTIONS:

THE HOSPITAL FEEDS A PURINA VETERINARY DIET E/N UNLESS YOU PROVIDE AN ALTERNATIVE FOOD.

I AM SUPPLYING MY PET'S DIET FOOD (Food must be packaged in individual zip lock bags with the pet's name and time of feeding clearly written on the outside of each bag.)

PLEASE FEED THE PURINA DIET E/N

*****If your pet is on a prescription food you will need to provide enough food for the duration of your pets stay.**

BOARDING CONSENT

I am the owner or agent for the owner of the described animal and have the authority to execute this consent.

I understand that any problems requiring a veterinarian's attention will result in my being charged an examination fee plus any additional fees for treatment and medications.

I understand that I assume total financial responsibility for all services rendered and any and all collection fees associated with any unpaid amounts. I understand that Hemlock Bluffs Animal Hospital requires payment on the day of pick up of my pet and that no other financial arrangements can be made regarding partial or extended payments.

If my pet(s) are not picked up on the agreed upon date, I hereby authorize Hemlock Bluffs to continue to provide the daily services set forth in this agreement until the new date of pickup and that I assume all financial charges for these additional services.

In the event I do not pick up my pet on the agreed upon date and do not notify Hemlock Bluffs of any different arrangement, I understand that my pet(s) will be considered abandoned and I hereby authorize Hemlock Bluffs Animal Hospital to humanely dispose of such pet ten (10) days after **written notice** of such abandonment is sent to the address on my client/patient record.

To the best of my knowledge my pet has no illness or behavior problem (including aggressive or biting behavior) that has not been disclosed to you in writing.

I understand and am aware of the staffing and non-staffing hours and have signed a disclosure form.

I hereby agree to release Hemlock Bluffs Animal Hospital from any liability for illness, injury, loss or death of my pet from any cause other than their negligent acts or omissions. I have read, understand, and authorize this entire consent form with my signature.

Signature Date Time

We look forward to having your pet stay with us. We will do all we can to make his/her stay as pleasant as possible!



Dog playtime is a chance for your dog to have interaction with other dogs and our kennel staff in our 30 foot fenced in play area.

Kitty playtime is an opportunity for your cat to have interactive and individual playtime in an open indoor area with lots of toys, scratching posts, and hiding places.

If your pet loves to romp around with others, or just have individual attention from one of his/her favorite staff members, this is your opportunity to select the most beneficial playtime for your pet.

Playtime is a 20-minute high-energy session per day.

I would like my pet to have playtime WITH OTHER PETS

My pet does not play well with other pets, but I would like INDIVIDUAL playtime with a staff member

Please select the number of sessions that you want your pet to have during his/her stay with Hemlock Bluffs Animal Hospital:

- 1 session per day 1 session every other day
- 1 session during entire visit other _____

I do not want my pet to have individual playtime during his/her boarding.

All reasonable precautions are taken by Hemlock Bluffs Animal Hospital to prevent injury or illness to all pets in our care. I acknowledge and agree that in the unlikely event that my pet is injured by another pet or if my pet injures another pet that I will not hold Hemlock Bluffs Animal Hospital responsible for the injury. I understand that although all pets in the facility are fully vaccinated, it is still possible for my pet to become ill, as no vaccine is 100% effective. This is not due to any circumstance or condition at Hemlock Bluffs Animal Hospital and I agree that I will not hold Hemlock Bluffs Animal Hospital liable in the event my pet becomes ill during or after it's stay in the kennel.

Signature _____ date

