

# ANIMAL WELLNESS CLINIC

## BOARDING AGREEMENT

Owner's/Agent's Name: \_\_\_\_\_

### Vaccination and Parasite Policy

In order to board your pet, his/her rabies vaccine must have been given within the last twelve months if pet is less than two years of age, or in the last thirty-six months if pet is over two years of age. All other vaccines must have been administered within the last twelve months, unless you can show that your veterinarian follows an alternative immunization protocol. If your pet does not receive his/her vaccines at this facility, you must who documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill. **All animals must be free of internal and external parasites and have had an intestinal parasite test in the last six months from the date of boarding.**

	Pet #1	Pet #2	Pet #3
<b>Pet's Name:</b>			
Date of last examination:			
Date of last rabies vaccination:			
Date of last DA2PL/FVRCP:			
Date of last Bordetella vaccination:			
Date of last fecal exam:			
Date of Heartworm Testing:			

### Diet:

For each pet, please indicate the food to be fed and then specify whether your pet(s) eat(S) dry food only, canned food only, or both. All animals will be the food of our choice unless otherwise specified.

	Pet #1		Pet #2		Pet #3	
<b>Owner's Food:</b>						
Specify amounts to feed below:						
Dry food only:						
Canned food only:						
Both dry & canned:						
<b>Specify times to feed:</b>	/	/	/	/	/	/
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

### Medication:

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions in the space below:

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**Statement of Kennel Policy:**

- 1) All animals must be free of parasites, external (fleas, ticks, etc.) and intestinal and have had a fecal exam done in the last 6 months or they will be tested and/or treated at the owner's expense.
- 2) Pets must be picked up Monday through Friday before 5:00 p.m. or 1<sup>st</sup> and 3<sup>rd</sup> Saturday before noon. Discharges after hours are not allowed.
- 3) Personal items may be left at your own risk. We are not responsible for loss or damage. List personal items in the space indicated at the bottom of this form.
- 4) ANIMAL WELLNESS CLINIC cannot guarantee the health of any animal, but pledge to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including but not limited to, weight loss, rough hair/coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
- 5) Should the pets identified on this record become ill, I request that the following veterinarian or veterinary practice

\_\_\_\_\_ provide all medical/surgical treatment it deems necessary, with fees not to exceed \$\_\_\_\_\_. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or my pet's agent) can be reached. I agree to pay all related expenses associated with the treatment until I am available to discuss further care and fees with the attending veterinarian.

- 6) If a tranquilizer is necessary for handling or treatment, ANIMAL WELLNESS CLINIC has my permission to administer such medication.
- 7) FAILURE to pick up my pet within 5 days of the scheduled date will cause the pet to be considered abandoned unless I notify the clinic. I understand that this does not relieve me of my financial obligation.

**Fee Schedule: Please ask receptionist for an estimate of fees.**

I agree to make complete payment to ANIMAL WELLNESS CLINIC at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past 10 days.

I have read the above statement and I am in full agreement.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Please make sure information is updated every time you board your pets.**

Date checked in:	Date checked out:	Personal Items:	Owner's/Agent's initials':