

# Boarding Agreement for the Year 2018

## Smith Animal Hospital

Perry Phone (478) 987-1514 / Fort Valley Phone: (478) 825-2700

Perry Fax (478) 987-8474 / Fort Valley Fax: (478) 825-2800

Owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Person and Phone #: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

### Vaccines

In order to board your pet, his/her Rabies must be given in the last twelve months. Dogs have to be up to date on Bordetella. If your pet does not receive his/her vaccines at this facility, you must show 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.

Pet's Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of last Rabies Vaccine (Note 1 or 3 year): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of last DHPPC/L or FVRCP (feline) Vaccine: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of last Bordetella (Kennel Cough) Vaccine: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Initials: \_\_\_\_\_

### Diet

We have dry kibbe food available to feed your pet during their stay. Canned food is available **at an additional charge**. For each pet, please indicate the food to be fed and then specify whether your pet eats dry food only, canned food only, or both.

To be fed Purina EN dog \_\_\_\_\_ Purina EN cat \_\_\_\_\_ Owners food \_\_\_\_\_

Form Dry food only \_\_\_\_\_ Canned food only \_\_\_\_\_ Both \_\_\_\_\_

Please outline feeding instructions: \_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

### Medications

Please bring appropriate medications (with original packaging and hospital prescription labeling) with these instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

## **Statement of Kennel Policy**

1. Boarding is charged for the nights stayed.
2. Pets must be picked up between 7:30 A.M. to 5:30 P.M. Monday -Friday. Saturday is 8:30 A.M. to 12 P.M. or Pickup at 5:00 P.M. and Sunday 8:30A.M. or 5:00 P.M.
3. Personal items may be left at your own risk. **WE ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE.**
4. Smith Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this hospital 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. In an effort to keep all boarded pets healthy and our facility free from parasites, if parasites (external: i.e. fleas, ticks, or internal: intestinal parasites, protozoa, etc) are discovered, we retain the rights to further diagnose and treat said animal for these conditions and these charges will be placed on your invoice at the time of payment/pickup. Initials: \_\_\_\_\_

## **Release of Liability**

I hereby consent and authorize Smith Animal Hospital to receive and board my pet(s). I understand the hospital will use all reasonable precautions against injury and escape of my pet(s), but the hospital and staff will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel are not present continuously after normal business hours. Initials: \_\_\_\_\_

## **Emergency Situations**

It is our responsibility to provide emergency treatment should the need arise. We will contact you (if possible) and contact your designated emergency contact person on file if the problem is serious. If a minor problem occurs (including parasite treatment), we will treat according to the best interest of the patient. Initials: \_\_\_\_\_

## **Abandonment**

Should the circumstance arise that your pet(s) remain unclaimed after the stated date of pick up (unless contact has been made otherwise), you understand that written notice will be mailed to your address on file. Seven days after such notice, the pet(s) will be considered legally "abandoned" as the Doctors and/or staff of Smith Animal Hospital deem appropriate. It should further be noted and understood that such action will **NOT** relieve you of financial obligation and payment for the cost of services, use of the facility, and/or the cost of boarding. Initials: \_\_\_\_\_

## **Fee**

- Boarding is \$16 a night for cats
- Boarding is \$18 a night for dogs less than 20lbs includes 2 walks (8:30 am and 3:00 pm)
- Boarding is \$20 a night for dogs 20 to 60lbs includes 2 walks (8:30 am and 3:00 pm)
- Boarding is \$ 22 a night for dogs more than 60lbs includes 2 walks (8:30 am and 3:00 pm) Initials: \_\_\_\_\_

I agree to make complete payment to Smith Animal Hospital 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 and I am in full agreement.**

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

\_\_\_\_\_  
Date