

Weare Animal Hospital Boarding Agreement

Drop Off Date: _____ Date of Pick Up: _____ Before 1:00 PM After 1:00 PM

Owner: _____

Pet Name(s): _____

Fleas: Yes No

Emergency contact and telephone (please include 2 if possible): _____

Email: _____

Regular Veterinarian: Weare Animal Hospital Other (please list): _____

Pet's Belongings (carrier, toys, leashes, etc.): _____

Feeding instructions (own food or not, how much, how often, canned versus dry): _____

Other (include detailed medication directions ((all medications must be in original container)), prior medical conditions, and anything you wish the doctor to check for): _____

FOR YOUR PET'S HEALTH

1. Our vaccination policy: To insure the protection of all pets under our care, the following vaccinations must be current. You must supply proof of current vaccines if they were given at another facility. If no proof is available, we will update the appropriate vaccines. We require a negative fecal examination for cats and all other species within the past twelve months prior to boarding. *We require a negative fecal examination and the Kennel Cough vaccine **within the last six months prior to boarding** for all dogs.

Dogs: DHLPP (Distemper) Rabies Bordetella (Kennel Cough)* Negative Fecal*	Ferrets: Distemper Rabies Negative Fecal Exotics: Negative Fecal	Cats: FDVCR (Distemper) Rabies Negative Fecal
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I give my permission for the staff of Weare Animal Hospital to examine and update my pet(s) vaccinations in accordance to the above policy.

2. Our flea policy: To keep fleas from being in our kennel, all pets are checked for fleas. If your pet(s) has fleas, they will receive a flea bath and a dose of Frontline Plus at the beginning of their stay. You will be charged accordingly. We do our best to eliminate flea problems, but you can virtually eliminate the risk of fleas and ticks by using Frontline Plus before or on the first day of your pet's boarding.

3. Our medical illness policy: One of the advantages of boarding your pets at an animal hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, we will perform whatever medical or surgical treatment is needed for your pet. You will be charged accordingly.

4. Our medication policy: Please list the medications, dosage and frequency above in the 'Other' section. All medication's must be in original packages and/or bottles. **There is an additional surcharge of \$10.00 per day per pet for Diabetic management care.**

6. Holiday surcharge: Due to increased costs of staffing, we do charge a \$5 surcharge for Holiday Boarding.

I, the owner or authorized agent, will pick up my pet(s) and pay any and all charges (including unexpected charges that may occur in accordance to the policies above) incurred for this visit. Weare Animal Hospital retains the right to hold my pet(s) until all charges are paid in full.

If my pet(s) boarding schedule changes, I will notify Weare Animal Hospital immediately.

Owner or agent of pet(s)

Date

Office Use Only:

Pet Name/ID#	Medication	Holiday Surcharge 9801	Cage Size
_____	<input checked="" type="checkbox"/> Yes # _____ <input checked="" type="checkbox"/> No	_____	_____ X _____
_____	<input checked="" type="checkbox"/> Yes # _____ <input type="checkbox"/> No	_____	_____ X _____
_____	<input checked="" type="checkbox"/> Yes # _____ <input type="checkbox"/> No	_____	_____ X _____
_____	<input checked="" type="checkbox"/> Yes # _____ <input type="checkbox"/> No	_____	_____ X _____

(rev 8/14)

Scheduled: Appointment: _____ Grooming: _____ Nails: _____ Other: _____