

# Boarding Agreement



Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Weight: \_\_\_\_\_

Check-in assistant: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

Scheduled date and time of pick up: \_\_\_\_\_

I understand that for pets picked up after noon, an additional day will be charged. Client initials: \_\_\_\_\_

List all patient belongings: \_\_\_\_\_

Food (type, amount, frequency, wet/dry): \_\_\_\_\_

*\*Pets can sometimes experience loose stool / diarrhea due to stress of boarding and abrupt change in food.*

Any drug or vaccine reactions in the past? ..... ☐ No Yes: \_\_\_\_\_

Any past or ongoing medical problems?..... ☐ No Yes: \_\_\_\_\_

Medications:

Is your pet currently taking any medications or supplements? ☐ No ☐ Yes, listed below.

*\*Medication fee is \$6.96 per animal, per day.*

Name of drug/ Directions/ Frequency/ Dosage:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has your pet had flea prevention this month? ..... ☐ No Yes, listed below.

Type & Date administered: \_\_\_\_\_

*\*Pets who are boarding MUST have recent flea medication administered to prevent the spread of fleas in our hospital. We can administer a single dose of flea medication and charge it to your account.*

Vaccination Policy:

All Pets boarding at Parkview Pet Clinic are required to be currently vaccinated. If your pet is current on vaccines at another facility, you must provide written verification.

Are vaccinations up-to-date? ..... ☐ No ☐ Yes

Dogs: Rabies \$24.96; DA2PP \$32.96 Bordetella \$29.96 Cats: Rabies \$35.96 ; RCP \$23.96; FeLV \$23.96

***\*\*PLEASE NOTE: All dogs that are boarded at this facility are required by law to have a Rabies vaccination. For cats, we recommend a Rabies vaccination. If you decline and your pet bites or scratches an employee while their stay, you agree to pay up to a \$740.00 for a 10 day Rabies quarentene \*\****

Exam:

Does your pet need to be seen by a doctor? Exam: \$58 ..... ☐ No ☐ Yes, exam template started

Other Services:

Would you like your pet bathed while boarding ..... ☐ No ☐ Yes

Feline Bath \$38, Canine 20lbs & under \$40, Canine 21-44lbs \$44, Canine 45lbs & up \$48

Would you like your pet to have a nail trim? \$18.96 ..... ☐ No ☐ Yes

Do your pet's anal glands need to be expressed? \$21.96..... ☐ No ☐ Yes

PLEASE READ THE FOLLOWING CAREFULLY:

I understand and give authorization for Parkview Pet Clinic to take pictures/ videos of my pet in play or otherwise. I agree and authorize the use of all pictures/ videos in any way they deem fit for advertising purposes or communication/ updates via all social media, print, video, etc. Parkview Pet Clinic will own these pictures and have all copyright ownership.

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

**Have you experienced any symptoms of COVID-19 in the past 14 days?**

☐ No ☐ Yes

**Have you or anyone in your household tested positive for COVID-19?**

☐ No ☐ Yes

**Have you or anyone in your household been exposed to anyone with Covid-19?**

☐ No ☐ Yes

Medical Care: One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will attempt to contact you and your emergency contact at the numbers listed below regarding your pet's symptoms, treatment options, and estimate of cost. If the owner or emergency contact cannot be reached the attending veterinarian has my permission to take the necessary steps to diagnose and treat in accordance with current medical standards.

I Authorize up to \$ \_\_\_\_\_ in medical care for my pet.

Primary Contact - Phone number(s) where you can be reached.

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact - Phone number(s) where someone authorized to make decisions for your pet on your behalf can be reached in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

I accept that if I fail to pick up my pet within ten days of notification it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I agree to make full payment at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past ten days.

I have read the boarding requirements and understand the hospital's policies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_