

BOARDING AGREEMENT, CONSENT AND INSTRUCTIONS

Today's Date: _____ Client's Name: _____ Pet's Name: _____

Check-in Date: _____ Check-in Time: _____ Check-out Date: _____ Check-out Time: _____

Emergency Phone Number (Required): _____ Email: _____

Requirements

I have provided all relevant and requested documentation that my pet meets the requirements listed below in order to be eligible for boarding at your facility. If I have not provided this documentation by check-in time, I authorize Mamaroneck Veterinary Hospital to update my pet's vaccinations and I agree that the charges for the examination and vaccinations will be applied to my bill and that I am responsible for any and all such charges. I acknowledge and agree that if for whatever reason I am unable to pick-up my pet on the scheduled check-out date, I or my representative will call in advance to update departure plans. Charges for additional nights of stay, including medications and special care that the owner requested (or that we subsequently determined is necessary) will be applied to the departing invoice. INITIAL: ALL PRICING HAS BEEN DISCLOSED TO ME: _____

Dogs	Cats
Rabies Vaccination (1 or 3 year) up to date	Rabies (1 or 3 year) up to date
DA2PP (canine distemper/parvo/parainfluenza) up to date	FVRCP (feline distemper) up to date
Bordetella (kennel cough) within the last six (6) months	Negative fecal exam within the last six (6) months
Canine Influenza Vaccination w/in one (1) year	Monthly Flea and Tick Control (e.g. Vectra)
Negative fecal exam within the last six (6) months	
Monthly Flea and Tick Control (e.g. Vectra)	

Medications

Additional charges apply to administering oral or injectable medications. Please list any instructions for dispensing, and the last time your pet was given the medication. (If multiple pets are listed, please indicate which pets require medications, and the relevant dispensing instructions.) Please indicate dosage/type of medication.

Special Diets

An additional charge for feeding special diets will apply. Special diets **must** be pre-packaged and labeled. (If multiple pets are listed, please indicate which pets require special diets, and the relevant feeding instructions.) Please be sure to include NAME of food below.

Grooming

While my pet is boarding, I would like her/him to be groomed or bathed by _____.

I WANT A GROOMING: I WANT A BATH:

Play Time

Dogs at the Pet Resort receive Play Time at least three (3) times per day with dogs of similar age, size and temperament. Unaltered and aggressive dogs will require individual Play Time at the prevailing daily rate. In addition, aggressive dogs and dogs with medical needs will be subject to a daily Special Handling Fee, which has been disclosed to me. Please answer the following: Is your dog aggressive with other dogs and/or people? YES NO

Please initial one of the following: GROUP PLAY: INDIVIDUAL PLAY:

Bedding, Toys and Leashes

We provide your pet with all items necessary to make their stay comfortable. These include bedding and toys. If you choose to leave any of these items for your pet, we are not responsible for their damage or return.

If applicable: I am leaving _____ and I acknowledge that it/they may get lost or damaged during my pet's stay – INITIALS: _____

Physical Examination of My Pet While Boarding

While my pet is boarding, I would like her/him to be examined by a veterinarian due to recently exhibited signs or symptoms. If you select this option, please initial the appropriate box and include the information on the reverse side. A veterinarian or technician will contact you to discuss this further.

I WANT A PHYSICAL EXAM: I DO NOT WANT A PHYSICAL EXAM:

Statement of Ownership and Consent

I hereby authorize the Hospital staff to do whatever is necessary should an emergency situation arise. If sedation is necessary for treatment or handling I give permission to Mamaroneck Veterinary Hospital to administer such medications and agree to pay all charges incurred in so doing. I am the owner of the above-described animal, or have authorization from the owner to consent to its treatment. I have read and understand all precautions, limitations and exclusions set forth in this form/agreement, and all of my questions have been fully answered and all pricing has been disclosed to me. I hereby accept all financial responsibility for any and all professional services rendered in the best interest of my pet's health. I understand that the doctors and staff of Mamaroneck Veterinary Hospital will use all reasonable precautions against injury, escape or illness of my pet. However, I understand that the above may occur while caring for my pet and I will not hold Mamaroneck Veterinary Hospital, its doctors and/or its staff, liable or responsible in any manner whatsoever, as it is understood and acknowledged that I assume all risks. This form/agreement is valid until such time that my pet's care instructions change, and I am responsible for notifying Mamaroneck Veterinary Hospital should that occur.

Owner's Signature: _____ **Date:** _____

Witnessing Receptionist: _____ **For office use only: Client no.:** _____