

Perky Paws Pet Hospital

Boarding Agreement

Client Name: _____ Patient Name: _____

We require proof of annual physical examination, intestinal parasite exam, current vaccinations, and flea prevention from a Licensed Veterinarian. All animals will be checked for fleas and ticks upon arrival and treated if necessary. This is not only for your protection but also for the protection of the other animals boarding in our facility. The required vaccines are the following:

DOGS:

**DISTEMPER/PARVO
BORDETELLA
RABIES
FECAL
INFLUENZA**

CATS:

**FELINE DISTEMPER
RABIES
FECAL**

Feeding: Owner Food _____ House Food _____ Special feeding instructions: _____

(Unless a specific diet requested or brought from home, pets will be fed Science Diet Sensitive Stomach)

We will be happy to give any required medications that you provide while your pet is staying with us. The cost of this is \$6.00 per day, per pet up to three medications.

Medications to be administered/frequency/last given: _____

In order for us to properly care for your pet, all pets must have a physical examination with one of our veterinarians within the past year prior to any medical treatment. Please initial any procedures you would like your pet to receive while boarding:

Exam _____ Vaccinate _____ Fecal Exam _____ Heartworm Test _____ Bloodwork _____

The only thing better than hugging your pet after several days away is hugging your CLEAN pet after several days away. Let us know if you would like to add on any grooming services while your pet is with us.

Bath _____ Nail Trim _____ Express Anal Glands _____ Grooming _____ Other _____

We do allow toys, blankets, and beds to be brought from home and we will make every effort to return them upon your pet's departure but occasionally misplacement of small items does occur. Please list the items you are leaving with your pet(s) on the back of the sheet.

Scheduled pick-up date: _____ **Time:** _____

Emergency number where you may be reached: _____

Another contact this authorized to make decisions about your pet's care if you cannot be reached:

Name _____ **Phone:** _____

In the event of illness or a life-threatening emergency, Perky Paws Pet Hospital has my permission to provide medical and surgical care for my pet if I cannot be contacted. I understand that if I cannot be contacted, Perky Paws Pet Hospital will treat your pet as deemed appropriate by the doctor in charge should an illness or previous medical condition arise. I accept responsibility for charges incurred during this treatment. I also understand boarders are not released for any reason on Sundays, holidays, or after hours. This is for the perfection of your pet(s). Perky Paws Pet Hospital does not employ on-site personnel during the hours of 12:00am-8:00am and 6:00pm-8:00am Monday-Friday. Perky Paws Pet Hospital does not employ on-site personnel during the hours of 12:00am-8:00am, 2:00pm-5:00pm, and 6:00pm-12:00am on Saturdays. Perky Paws Pet Hospital does not employ on-site personnel during the hours of 12:00am-8:00am, 9:00am-5:00pm, 6:00pm-12:00am on Sundays. All animals boarding at the facility will be left unattended during those times.

I, the undersigned client, hereby give my consent for my pet named above to be boarded at Perky Paws Pet Hospital. I have read and agree to all terms and conditions of the Perky Paws Pet Hospital Boarding Agreement. I acknowledge and understand the facility is unstaffed between the hours specified in the notice and that my pet will be left unattended during those times during their boarding stay. By signing this consent form, I agree to release Perky Paws Pet Hospital, its owner, employees and agents from all liabilities, claims or expense arising from my pet's boarding stay, including but not limited to injuries, illness or death.

Signature _____ **Date** _____