

Boarding Agreement

Owner's Name _____

Pet's Name _____

Breed _____ Sex _____ D.O.B. _____

Emergency Information:

Land-line phone _____

Cell Phone _____

Contact person _____

Phone number _____

Vaccines

In order to board your pet, his/her rabies vaccine must have been given in the last twelve months if he/she is less than two years of age or in the last thirty-six months if pet is over two years of age. All other vaccines must have been administered within the last twelve months, unless you can show that your veterinarian follows an alternative immunization protocol. 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.

Date of last rabies vaccination _____

Date of last DA2PL/FVRCP vaccination _____

Date of last Bordetella vaccination _____

Diet

We have a variety of foods available to feed your pet. 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 Adult Maintenance _____ Puppy/Kitten Growth _____ Senior Diet _____

Hill's Prescription Diets (specify) _____

Form Dry food only _____ Canned food only _____ Both dry and canned food _____

Diet to Be Fed _____/_____
From To From To From To

We will be pleased to feed a special diet or another commercial diet of your choice if you bring it with you. There will be a daily administration charge. Please outline feeding instructions:

Medication

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions. There will be a daily administration charge.

Statement of Kennel Policy

1. A full day's board is charged for the first and last days, no matter what time the pet is admitted or released.
2. Pets must be picked up Monday through Friday between 8:30 AM and 5:00 PM, Saturdays between 8:30 AM and 12:00 PM. Discharges after hours are not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. Wilton Hospital for Animals cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility 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. Should the pet identified on this record become ill, I request that the following veterinarian or veterinary practice, _____, provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I agree to make complete payment to Wilton Hospital for Animals 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 ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with _____ (state name) state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner

Date