

AM|PM Animal Hospital
BOARDING AGREEMENT

Owner's Name: _____ Date: _____ Time: _____

Emergency Contact: _____ Phone: _____

Expected Check-out Date: _____ Expected Check-out Time: _____ **

Would you allow us to place information and photos of your pet on social media? **Circle: Yes / No**

To protect all of our boarders, every pet must be current on vaccines. We may require an examination (\$55) in order to bring all vaccines up to date if your pet is not current on the following vaccines:

Canine boarders: *Rabies, Bordetella, DHPP, and K9 Influenza* **Feline boarders:** *Rabies, FVRCP*

▶ Additionally, treatment will be administered to any pet showing signs of excessive parasitic infestation, e.g. fleas, intestinal worms, etc. The exam fee and any charges incurred as a result of vaccination or treatment of excessive parasitic infestation will be added to your invoice at the time of pick-up. **Initial: _____**

▶ Be aware that if a medical issue arises with your pet (i.e. diarrhea, vomiting, etc.) while boarding, then an examination (\$55) will be performed. We will attempt to contact you regarding our findings and recommended treatment. If unable to contact you, it will be at the discretion of the doctor on duty as to whether the treatment can be postponed until we can reach you. The exam fee and any charges incurred as a result of the medical issue will be added to your invoice at time of pick up. **Initial: _____**

▶ I understand that in the instance when a doctor of veterinary medicine (DVM) is not on premises, one is on call while my pet is being monitored by the trained medical staff of AM|PM Animal Hospital. **Initial: _____**

Boarding Fees:

Feline = \$24.00 / Day Canine (<70#) = \$31.00 / Day Canine (>70#) = \$41.00 / Day
Boarding w/medications = An additional \$9.00 / Day

**** A standard boarding day begins at noon and ends at 7:00PM the following day.** Like a hotel reservation, if you check-in earlier than noon and/or check-out later than 7:00PM, then there will be additional charges for each boarder.

With the understanding of additional charges for checking in early or out late, available times to check your pet in or out of boarding are between 7:00AM and 10:00PM. If for any reason you need to check in or out beyond this window, *prior authorization from a manager is required.*

I understand that my pet(s) will be housed in separate quarters, unless otherwise specifically requested by me, and that reasonable precautions will be taken to prevent injury, escape, or death of my pet(s). The clinic and staff will not be held liable for problems that develop with my pet(s) and will be treated as deemed best by the staff of veterinarians and I assume full responsibility for the treatment expenses incurred.

Signature of Owner / Responsible Party

Date

Please fill out patient information on the reverse side.

Boarder: _____
 (Name) (Breed) (Color)
 Diet* _____
 (Type) (Amount) (Frequency) (Last Fed)

<i>AM/PM USE ONLY</i>				
↓ Medication Name	↓ Medication Instructions	Last Given	Intake	Discharge

Boarder: _____
 (Name) (Breed) (Color)
 Diet* _____
 (Type) (Amount) (Frequency) (Last Fed)

<i>AM/PM USE ONLY</i>				
↓ Medication Name	↓ Medication Instructions	Last Given	Intake	Discharge

Boarder: _____
 (Name) (Breed) (Color)
 Diet* _____
 (Type) (Amount) (Frequency) (Last Fed)

<i>AM/PM USE ONLY</i>				
↓ Medication Name	↓ Medication Instructions	Last Given	Intake	Discharge

* If your pet is on a prescription diet and you did not provide food, then you will be charged the full sale price of any bag or can opened in order to feed your pet. You will be sent home with any remaining amount that you paid for.