

Boarding Agreement for Alamance Veterinary Hospital

Owner's Name _____

Pet's Name _____

Dates/Initial: _____
_____**Vaccines**

In order to board your pet all vaccines must be current (Rabies, DHPPC or FVRCP, and Bordetella for dogs) You must provide documentation that verifies current vaccinations, or your pet must be vaccinated before boarding. This is for your pet's protection as well as for the protection of all other animals in this facility. Physical examination must be done prior to administration of DHPPC(dogs) or FVRCP(cats) vaccines.

Intestinal Parasites

All pets are required to be free of zoonotic intestinal parasites (those that can be transmitted to humans) to be boarded in our facility. Proof of consistent use of heartworm prevention or a negative fecal test in the last 3 months is required. If the criteria are not met a fecal test is recommended (\$28.00) If positive, deworming cost varies dependent on parasite. Alternatively, you may choose to have your pet receive a routine dewormer for roundworms and hookworms at a cost of \$12-\$15, depending on the weight of your pet.

Diet/Medication

We will be pleased to feed a prescription diet or another preferred diet of your choice if you provide the food. If your pet requires medication we have trained staff that can administer it. If necessary, we will fill or refill medication during the time your pet is boarded. Fees for medication will be added to your bill.

Statement of Kennel Policy

1. One full day's board is charged each day the animal is in our facility.
2. **Every animal boarding in our facility is checked for fleas. If fleas are found, the patient will be administered a Capstar at the time of drop off for an additional charge of \$6.75 This ensures that our practice remains a flea free facility.**
3. Pets should be picked up during office hours Monday through Friday 9:00 a.m. until 6:00 p.m. and Saturdays from 9:00 a.m. until 12:00 p.m.
**Tuesday and Sunday pick up times are available at 8am or 4pm. The main office will be closed at this time and payment for boarding days and services will be due at check-in time.*
4. Personal items may be left at your own risk. We are not responsible for loss or damage.
5. Alamance Veterinary Hospital cannot guarantee the health of any animal. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, fatigue, rough coat, kennel cough, upper respiratory infection, and diarrhea.
6. Should the pet(s) identified on this record become ill and I cannot be reached immediately, I request that Alamance Veterinary Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. The staff at this veterinary facility are authorized to initiate appropriate treatment until I 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 understand that Alamance Veterinary Hospital is not a 24-hour facility and the business is not staffed during all closed hours.

I agree to make complete payment to Alamance Veterinary Hospital 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 address on file, my pet will be considered abandoned and will be handled in accordance with North Carolina 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 or Agent_____
Date_____
Emergency Contact & Number