

LAYHILL ANIMAL HOSPITAL

BOARDING CONTRACT

Date _____

Owner's Name _____ Pet(s) Name _____

Emergency Phone #/Name _____

Dates Boarding From _____ To _____

Regular Veterinarian _____

Medical Conditions _____

Medication and Dose _____

Has sufficient medication been provided for your pet's stay? _____

If medication runs out while your pet is boarding, may we refill prescription? _____

How many times a day does your pet need to be fed? _____. If once a day do you want A.M or P.M. feeding? _____. What amount is to be fed? _____. Have you provided a special diet? _____. If so, please specify brand. _____

The Layhill Animal Hospital/Staff will not be held responsible for items left with pets. (beds, toys, etc.)

Should your pet become ill while boarding and require a prescription diet, a fee for that food will be added to your bill. Please be advised that our office Does Not provide 24 hour care.

In order to keep the kennel and your pet free of fleas, a 30-day preventive flea application is required. **If your pet has received a treatment within the last 30 days, please initial** _____. Otherwise, an application will be given upon entering the kennel. (\$37.50 for cats 1.8-5.5lb, \$46.00for cats 5.6-16.5lb \$36.50 for dogs 5 lbs. to 95lbs. and over).

Would you like to have your pet bathed prior to leaving? _____ Boarders receive a bath the day before or the day of departure. **Any boarder which soils itself will receive a bath at the owner's expense.** (If your check-out day changes, please inform Layhill Animal Hospital so we can reschedule the bath accordingly).

The Layhill Animal Hospital works tirelessly to maintain optimum conditions in its boarding facility. However, due to the overall health of some pets and the latent nature of certain disease, some of our residents may become ill while boarding or after returning home. Therefore the Layhill Animal Hospital shall not be held responsible should such issues arise. **Client's Initials** _____.

Please Turn Over

TREATMENT AUTHORIZATION: The Layhill Animal Hospital reserves the right to treat an ill boarder if the pet owner cannot be reached. If my pet becomes ill and requires treatment, do not exceed \$250 _____
\$500 ____\$750 _____\$1000 ____Other _____No Limit _____

The Hospital offers outdoor leash walks and indoor runs for exercise.

EXERCISE LIABILITY: Pets can become anxious, scared, and/or aggressive during walks in an unfamiliar environment. As no confined area is available to exercise boarding dogs, there is an inherent risk your pet may panic, struggle, and break free. The Layhill Animal Hospital shall not be held responsible should such an incident occur.

Client's Initials _____

I prefer to have my pet exercised in indoor runs, but understand if he does not eliminate, he/she will be walked outside. **Client's Initial** _____

I prefer to have my pet leash-walked outdoors. **Client's Initial** _____

VACCINE REQUIREMENT: All cats must be current on both the Rabies and Distemper vaccines. All dogs must be up to date on Rabies, Distemper, Bordetella, and Influenza virus inoculations. If your pet has not received these vaccines, they will be given during your pet's stay. If your pet received a complete physical by regular veterinarian in the last 6 months, no exam will be required prior to vaccination. A nail trim at my expense, will be performed if the doctor determines that the nails may cause injury to staff or interfere with medical treatment.

Based on your pet's records, the following will be administered:

Physical Exam____ Canine Distemper Vaccine____ Canine Bordatella Vaccine____ Rabies Vaccine____ Canine Influenza Vaccine____ Feline Distemper _____

Client's Initials _____

Drop-Off and Pick-Up Times: Charges for boarding start on the day pet is dropped off and will continue until day of pickup. If your pet is picked up before 12 noon on day of pickup clients will not be charged for that day. All pets picked up after 12 noon on day of pickup will be charged for that day of boarding.

INCLEMENT WEATHER: Due to severe weather or other unexpected conditions, additional staff and time may be required to adequately care for your pet. If such conditions arise, a minimum of twice the usual boarding fee will be charged.

I have read this contract, I understand and agree to the aforementioned information, and I have initialed where appropriate. I also understand a deposit for half of the boarding/medical fee is due at admission and the balance is due in full at departure of stay. If pet is not picked up on day of arranged departure, client's credit card on file will be charged for the remaining balance, plus each day the pet remains in kennel. The credit card on file will be destroyed after pet has been released.

Client's Initial: _____

I would like to pay in full for my pet's stay/medical services _____

I would like to leave a deposit for my pet's stay/medical service _____

Client's Signature and Date: _____

Staff Signature and Date: _____

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Client's Name on Card: _____

Credit Card Type **please circle one**: Visa, Master Card, America Express, Discover, Apple Pay

Credit Card # _____ Expiration Date: _____ Zip Code: _____

Client's Signature and Date: _____