



Boarding Agreement

For Receptionist/Veterinary Assistant to input in medical record:

Client Information

Name _____ Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home/Work Phone _____ Other Phone _____
 Email Address _____

Patient Information					
Pet Name #1		Pet Name #2		Pet Name #3	
Breed		Breed		Breed	
Color		Color		Color	
Date of Birth		Date of Birth		Date of Birth	
Sex:	Female Male Spayed Neutered	Sex:	Female Male Spayed Neutered	Sex:	Female Male Spayed Neutered

Please initial on all the lines to verify that you have read each individual section of this contract, fill out any blanks and check off any boxes that pertain to your pet's stay.

My pet(s) will arrive for boarding on _____ and will be picked up on _____.

In the last 6 months, has your pet undergone any major medical procedures, or been diagnosed with any illnesses that may affect their stay, that the hospital should be aware of? No Yes. Please explain.

Please list any behavior issues your pet may have (i.e. food aggression, history of eating foreign objects, biting).

Vaccines: For the safety of all the patients, all pets **MUST** be vaccinated as per hospital standards in order to board with us. If your pet has not received its vaccines at this facility, you must show documentation from another licensed veterinarian that verifies vaccinations are up to date. If documentation cannot be provided or any vaccinations are past due, vaccines can be provided during their stay at Ferreira Animal Hospital and added to your invoice, along with a physical exam to determine your pet's health status.

- My dog(s) is up to date with the following vaccines: Rabies, DAPP, Bordetella and Lepto.
- My cat(s) is up to date with the following vaccines: Rabies, FVRCP and Leukemia (Leukemia vaccine is at the hospital's discretion)
- My pet(s) are not up to date on vaccines and I would like for them to be vaccinated during their stay. I am aware that the vaccines, as well as a physical exam, will be added to my pet's final invoice.

Parasites: All pets must be free from external (e.g. fleas, ticks) and internal parasites (e.g. hookworms, roundworms). If pet(s) display symptoms of internal parasites, owner will be contacted to approve the recommended treatment.

_____ I acknowledge that if external parasites are found on my pet(s), Ferreira Animal Hospital has my consent to administer treatment and add it to my invoice.

Diet: We encourage our clients to bring their pet(s) food from home. An abrupt change in food brand may cause diarrhea, vomiting and/or allergies.

For your convenience, Ferreira Animal Hospital can provide a premium maintenance dry food appropriate for the age and species of your pet at a fee of \$6 per day. Prescription diets or canned maintenance diets are also available and will be added to your bill at retail cost unless provided by you.

I feed my pet(s) cup(s)/can once daily twice daily three times a day My pet(s) has food available all day.

If pet(s) eats once daily, please specify if they eat in the Morning OR Evening

Medication*: We will administer any required medications to your pet(s) for an additional charge of \$2 per day . Only medications prescribed by a licensed veterinarian and appropriately labeled will be given. If medications need to be filled or refilled, the charges will be added to your invoice. Pets requiring extensive medical monitoring or treatment are considered hospitalized and will be charged for hospitalization and not boarding.

I am aware that an additional fee will be invoiced if my pet requires to be medicated while boarding.

Grooming: Ferreira Animal Hospital offers pet baths on the day of departure so that they are sent home smelling fresh and clean. Prices are available upon request.

I would like for my pet to be bathed before going home.

Boarding is charged for each night of your pet's stay, regardless of the time admitted or released.

Pets must be picked up during normal office hours. For safety reasons, we are unable to discharge pets after hours.

Personal items may be left at your own risk. We are not responsible for loss or damage.

****Additional services will be added to invoice.**

Our hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I do not hold the hospital responsible for conditions that are often unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Note: Some medical problems may not be evident in a kennel environment.

Should a medical problem arise during your pet's stay, we will make every effort to contact you to notify you of your pet's status and give an estimate of treatment. Should a condition be deemed life threatening, of a contagious nature, or of a nature that will worsen without treatment, treatments/services will be performed and the charges will be added to your invoice

I give Ferreira Animal Hospital consent to provide any life-saving treatment/services in the event that the pet owner or emergency contacts cannot be reached or in the event that the emergency contact does not make a medical decision in a timely manner. I acknowledge that the life-saving treatments/services will be added to my pet's final invoice.

I agree to make full complete payment to the hospital at the time of discharge. Note: A deposit may be required on admission at the discretion of the hospital.

I understand that if I fail to pick up my pet(s) within 2days of scheduled pickup, my pet(s) will be considered to be "abandoned", and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

Emergency Contact Information Agent #1 Name:	Relation:	Phone:
Emergency Contact Information Agent #2 Name:	Relation:	Phone:

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Authorized Agent

Date