

# CNY Veterinary Medical Services

# Boarding Agreement

PATIENT: \_\_\_\_\_

SPECIES: \_\_\_\_\_

AGE: \_\_\_\_\_

OWNER: \_\_\_\_\_

SEX: \_\_\_\_\_

BREED: \_\_\_\_\_

ADDR: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date/Time of Drop off: \_\_\_\_\_

Date/Time of Pick up: \_\_\_\_\_ Weight: \_\_\_\_\_ Bath? \_\_\_\_\_ NT? \_\_\_\_\_ Anal Glands? \_\_\_\_\_

Medications (dosages, when given last): \_\_\_\_\_

Food - type, amount, how often, fed last: \_\_\_\_\_

Special Instructions/Ancillary Services: \_\_\_\_\_

In order to board, your pet is required to be current on the following:

- o Distemper Vaccine Given On \_\_\_\_\_
- o Rabies Vaccine Given On \_\_\_\_\_
- o Bordetella (Kennel Cough) Vaccine (Canine Only) Given On \_\_\_\_\_
- o Blood Parasite Screen (Canine Only) Performed On \_\_\_\_\_
- o Fecal Performed On \_\_\_\_\_

If any vaccinations are past due, your pet(s) must be vaccinated before boarding for his/her protection, as well as the protection of other animals. If we have not seen your pet in the 6 months, we will require a physical examination prior to receiving these vaccines. If we perform a fecal analysis or a heartworm tests, and find any evidence of infection, your pet will be treated while at our facility at your cost.

**Diet:** We routinely feed a premium maintenance dry food appropriate for the age and species of your pet. Prescription diets or canned maintenance diets are available and will be added to your bill at retail cost unless provided by you.

**Medication:** We will administer any required medications to your pet(s) for an additional charge. Only medication 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 bill. Pets requiring extensive medical monitoring or treatment are considered hospitalized and will be charged for hospitalization and not boarding.

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. 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.

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. If you cannot be reached we will try to notify the emergency contact listed below to receive permission to treat your pet. If neither party can be reached and should the condition be deemed life threatening, of a contagious nature, or of a nature that will worsen without treatment, supportive treatment will be performed and the charges will be added to your bill.

Emergency Contact Name \_\_\_\_\_ Phone numbers \_\_\_\_\_

I give the aforementioned emergency contact permission to make any and all medical decisions concerning my pet in my absence. I understand that charges associated with these decisions will be my financial responsibility. \_\_\_\_\_ (initial)

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 12 days of schedule pickup, without any communication with the clinic, 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.

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

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone numbers at which owner or agent can be reached