

Desert View Animal Hospital
Initial Boarding Agreement with Request for Information, Explanation of Policies, and
Preauthorization for Emergency Care

Owner's/Authorized Agent's Name _____
Address _____
Home Phone _____ Work Phone _____ Mobile Phone _____
Spouse/Co-owner's Name _____ Phone _____
Alternate Contact Person _____ Phone _____

Pet's Name _____	Age: _____	Sex: _____	Breed: _____
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Vaccines

_____ In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PPCV, and *Bordetella* vaccines, and cats have current rabies, DRC and Felv vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding. Vaccines that must be administered at this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. Proof of vaccination must be provided at the time of admittance or your pet will be examined and vaccinated.

Diet

_____ Your pet will be fed twice daily with Science Diet Sensitive Stomach or Royal Canin Gastrointestinal food for no additional charge. We will be pleased to feed another commercial or prescription diet of your choice if you bring it with you. If the pet's own food is not provided then you will be charged at the time of pickup for the other food used. If your pet has special dietary requirements please indicate below. For each pet, please indicate the food to be fed and the amount your pet is fed each day. If your pet requires feeding more than twice daily additional charges may apply.

Please provide special feeding instructions: _____

Medications

_____ If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Please list all medications and the amount and frequency of administration: _____

Statement of Kennel Policy

_____ A full day's board is charged for the first day through 12:00 pm (noon) on the last day the animal stays with us. If the pet(s) are not picked up by 12:00 pm (noon) on the scheduled pick up day then an additional day boarding charge will be applied. Pets must be picked up Monday through Friday between 8:00 am and 5:00 pm. Discharges after hours are not allowed. The kennel is closed Saturdays, Sundays and all major holidays.

_____ This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. I

also agree that any behavioral problems that develop during my pet's stay will be handled and treated as deemed necessary by the employees at Desert View Animal Hospital and I agree to assume full financial responsibility for any and all expenses arising or relating thereto.

_____ We ask that your limit personal items for your pet to toys and treats. Personal items may be left at your own risk. We are not responsible for loss or damage.

_____ Standard precautions will be used against injury, escape, or death of the pet(s). Desert View Animal Hospital will not be held responsible for injuries that may occur, provided standard of care and precautions have been followed as determined at the sole discretion of Desert View Animal Hospital. I expressly agree that liability shall in no event exceed the lesser of the chattel value of a pet of the same species and breed or the sum of \$200.00 (Two Hundred Dollars) per animal. In no event shall Desert View Animal Hospital, its owners or agents be liable for illness that arises during the pet(s) time boarding at this facility. I also acknowledge that in the event of an emergency evacuation, reasonable attempt will be made to remove my pet to a safe location. If my pet cannot be transported due to circumstances beyond the control of Desert View Animal Hospital then reasonable attempt will be made to release my pet into the environment where it may be able to move to safety.

_____ If my pet(s) identified on this record become ill, I request that Desert View Animal Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate supportive treatment until my agent or 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.

_____ Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff: (initial one) [] **HAS** [] **DOES NOT HAVE** my permission to provide such treatment and I agree to pay for such services at the time my bill is due. I understand that hospital support staff will be used as deemed necessary by the veterinarian. I also understand that Desert View Animal Hospital is not staffed twenty-four (24) hours a day and after hour supervision or treatment of patients is at the discretion of the veterinarian.

Payment Requirements

_____ Payment is expected at the time of release from boarding. **Should I fail to pay at any time any portion of the bill for my pet's care, I agree to pay the costs of all delinquency charges, collection charges and reasonable attorneys' fees. Delinquency charges are 50% of the unpaid balance.** I have read and understand this authorization of consent. I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I have fully disclosed all health and behavioral problems to the best of my knowledge.

_____ I fully intend to pick up my pet(s) on the date I have specified. If circumstances change I will notify Desert View Animal Hospital of the new pick up date and assume responsibility for any additional charges incurred. **Failure to notify Desert View Animal Hospital of the new pickup date will result in an increase in the boarding rate to two (2) times the listed rate for each day past the original specified date.** Additional boarding time is dependent on availability and if no space is available to keep my pet(s) beyond the original scheduled date then I may be asked to send an agent to pick up my pet(s) and take it to another facility. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

_____ This boarding agreement is valid for 6 months from the date below. I understand that it is my responsibility to update Desert View Animal Hospital regarding my pet(s) health, diet, and vaccination status as well as my authorized agent's and my current contact information.

I have read and understand all provisions of this contract and I am in full agreement.

Signature of Owner or Authorized Agent

Date