

Canine Centennial Animal Hospital Boarding Agreement

General Boarding Requirements: _____(Initial)

All pets staying at Centennial Animal Hospital must have up to date vaccinations, to include Rabies, Da2PP, and Bordetella at least 48 hours in advance. If you received those vaccines elsewhere you must bring proof of vaccines with you. In addition, all pets must be free of fleas and ticks. If fleas or ticks are detected at any time during your pet's stay with us, they will receive a Frontline treatment at owner's expense.

Medical Policy: _____ (Initial)

If your pet becomes ill while boarding as determined by the trained staff, they will immediately be presented for examination by one of our veterinarians to determine appropriate care deemed necessary. Every effort will be made to contact the owner to inform them of the situation. If your pet requires treatment for their comfort and safety and we are unable to contact you or your emergency contact, treatment will be provided and you will be responsible for the fees incurred. It is explicitly understood that if you (the owner) choose to seek medical care for any condition, or complication of medical care initially received at Centennial Animal Hospital, you will assume full financial responsibility.

Abandoned Pets: _____ (Initial)

Pets which are left 3 days beyond their specified discharge date without notification to Centennial Animal Hospital shall be considered abandoned and shall become the property of Centennial Animal Hospital. If we are unable to contact you, Centennial Animal Hospital will make arrangements for placement or humane care including possible euthanasia if necessary. By initialing you agree to be responsible for all fees incurred including administrative costs, court costs and attorney fees necessary to collect on the account.

Outdoor Exercise off leash including contact with other dogs: _____ (Initials) Male/Female only

Outdoor Exercise off leash without other dog contact: _____(Initial)

Outdoor Exercise On Leash: _____ (Initial)

You agree that your pet is not dog aggressive and can have contact with other dogs during outside exercise time, this will be supervised time in a 5' fence yard. Fence jumpers are not allowed this option and you understand the possibilities of injury or loss during this activity. If any dog(s) acts out of character or unpredictably and my dog is injured or escapes from the fenced yard, I agree to not hold Centennial Animal Hospital agents or staff liable in any way for these unforeseen acts. If loss or injury occurs, we will attempt to contact the owner. If we are unable to contact the owner, you authorize medical or surgical treatment if needed to provide for the safety and comfort of your dog and agree to pay for any fees which may result.

Boarding Consent: _____ (Initials)

I have read and understand the above listed requirements. I acknowledge that Centennial Animal Hospital Boarding Kennel is not staffed 24 hours a day. I understand that reasonable precautions will be used against injury, escape or death and that Centennial Animal Hospital and its staff will not be held liable provided reasonable care and precautions are followed. I understand that charges will be paid in full at the time of release. Unpaid balances are subject to collection costs including late payment fees, court costs and attorney's fees.

Emergency Contact: _____ Phone: _____

Patient: _____ Owner: _____

Signature: _____ Best #: _____ Date: _____

Centennial Animal Hospital Boarding Information

Patient Name: _____ Owner Name: _____

Has your pet urinated / defecated already today? _____

Is your dog a Fence Jumper/Climber? **Y / N** Hole digger? **Y / N** Blanket Eater? **Y / N**

Any Known Allergies? _____

Feeding Instructions:

My pet requires a special diet which I have provided, it is: _____

_____ I did not bring food, please feed my pet kennel food (Science Diet Sensitive Stomach)

Amount to feed: (cups) _____ (please circle all that apply) AM NOON PM

Treats/Snacks: _____ (please circle all that apply) AM NOON PM

Will your pet require medications while boarding? Yes / No Please list all medications

Medication Instructions:

Med#1: _____ How much/often: _____ AM Noon PM

Med#2: _____ How much/often: _____ AM Noon PM

Med#3: _____ How much/often: _____ AM Noon PM

Med#4: _____ How much/often: _____ AM Noon PM

Med#5: _____ How much/often: _____ AM Noon PM

Did you give any medications already today? What/When _____

Special Instructions for medications: (Give with Food), (pill pockets) _____

Special instructions: (doesn't like to be picked up), (is blind/deaf), _____

Pet Belongings: _____

I do not want my dog to be exercised outside the hospital during it's boarding stay: ____ (Initial)

My dog may be taken outside on a leash only: ____ (Initial)

My dog may be taken outside without a leash; I understand the fence is only 5 ft.: ____ (Initial)

My dog is good with other dogs and can have contact with other dogs: ____ (Initials) Male/Female

Pets are taken out for walks first thing in the morning, and at the end of each day. Additional walks or exercise yard time can be purchased. See the form below. Some services will not be performed on the weekend.

Exercise	Fee's	Daily	Every other day	Midway through stay	Initials
Extra Walk (each)	\$10				
Pack Yard Time	\$10				
Solo Yard Time	\$15				
Senior/puppy relief time (2)	\$15				