CANINE BOARDING AGREEMENT

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| --- | --- |
| Client Name: | Client Phone: |
| Agent Name: | Agent Phone: |
| Dog’s Name: | Check-in/out Date: |

*Please ensure that your designated agent is aware that you have given us his/her name and is willing and able to make decisions regarding the care and well-being of your dog.*

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| ALL DOGS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION and their vaccinations for DHLP, Rabies, and Kennel Cough. If your dog is past due, your dog will be examined and given the necessary vaccinations or test upon admission, and current charges will apply. THEY MUST BE FREE OF EXTERNAL PARASITES, and dogs found to have evidence of parasites will be treated at the owner’s expense. If your dog has special dietary needs or preferences, you must provide the food. If you do not provide the food and we keep it in clinic, it may be provided at an additional cost.  INITIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates.*

**Please List any/all mediations below, their dosage, and instructions.**

Additional Fee of $3.00 a day will be applied daily to administer medication.

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| --- | --- | --- | --- |
| Medication Name: | Dosage Amount | Dosage Instructions | Time Last Given? |
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**Special Instructions (please initial each line that applies)**

Unless otherwise instructed your dog will receive Purina Veterinary EN (Gastrointestinal) dry food. If your dog has other dietary needs, please provide the food, or allow us to provide it at current cost.

\_\_\_\_\_ I have special dietary instructions for my dog.

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I am leaving personal belongings with my dog.

Please List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby warrants that they are the owner or authorized agent for the dog listed in this record and does consent and authorize our staff to care for and treat said dog. If an emergency arises, I authorize services, including the use of anesthesia if necessary, to treat my dog until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my dog. If I am unable to be reached, I authorize the veterinarian to proceed with treatment as deemed necessary for the wellbeing of my dog. I understand I will be responsible for all charges incurred at checkout.

Any dog not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, and becomes our property and will be handled according to our best judgement.

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*Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*