

Animal Hospital of East Davie
Boarding Agreement

Date: _____

Dates Boarding _____

Name of Pet(s): _____

List ALL items brought with your pet(s) including food (give descriptions). Please understand that we do not claim responsibility for lost or damaged items left with your pet. This includes, but is not limited to bedding, toys, collars, and leashes.

Because we only provide boarding for our clients and we are also an operating veterinary hospital, we require that your pet has had an examination with us within the past 12 months and that your pet is current on distemper, rabies, and bordetella vaccinations. If your pet needs boosters now, they will be given the first day your pet is boarded. Also, if your pet has fleas or ticks, it will be treated while here at your expense.

Please check one:

___ Feed my pet your hospital food- prescription Purina EN Once Daily Twice Daily

___ Feed my pet his/her own food with these instructions. _____

Please check all that apply: If my pet becomes sick while boarding... (Any pet that develops diarrhea will be examined at no charge, and will be treated with medications, the cost of which will be added to your account)

___ Do whatever treatments or diagnostics are necessary to make my pet healthy.

___ Do whatever is reasonable/customary but I give the veterinarian permission to use her judgment if the pet is suffering to not resuscitate or use heroic measures if I cannot be reached.

___ Call me before running any laboratory tests (I understand if the doctor cannot reach me, she will use her judgment about running tests without permission, and I will be responsible for the charges.)

Please list any special needs/requests for you pet while boarding with us. Include medical concerns, vaccine updates, surgeries, or bath requests. Any dog boarding five nights or more will receive a complimentary bath (does not include nail trim).

The estimated charges for your pet's boarding is \$_____.

___ I have been explained the charges for my pet's boarding. I understand that this is an estimate and fees may be added if needed for medical reasons, or to treat fleas/ticks.
(please initial)

___ My pet will be having a surgical procedure while here, I have signed the surgery form, and the boarding fees associated have been explained to me. (Please initial if appropriate.)

Sunday night pick up is at 5 pm, in the front lobby. Please leave a message at 336-940-3442 at the receptionist desk if you cannot be there on time. It is very helpful for you to prepay for your visit when you pick up on Sunday evening. Remember Sunday boarding counts as a day of boarding.

Owner's Signature: _____

Phone number (and email) where you can be reached: _____

Staff member's initials: _____