

Online Boarding Agreement

Owner's/Authorized Agent's Information:

Last Name: _____ First Name: _____

Owner/ Agents Phone Number: _____

Owner Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Additional Contact Name (Optional): _____

Additional Contact Phone Number (Optional): _____

Pets Information:

1. Pet Name: _____ Breed: _____

Age/DOB: _____ Sex: _____ Color: _____

Weight: _____ Microchip Number (If Applicable): _____

Species: _____ Pregnant (Please Circle One): YES NO

On Heartworm Prevention: YES NO ; If yes, what type: _____

On Flea Prevention: YES NO ; If yes, what type: _____

On Medication ('s): _____

Any known Allergies?: No Known Allergies

Known Allergies: _____

Pet is Healthy

Concern's:

Diet

We recommend that the owner bring their own pet food to avoid stomach upsets from change of food. If owner does not provide their pet(s) food we will feed our boarding pets Hill's Science Diet Canine Adult/ Feline Adult food. We will provide food twice a day, and fresh water at all times. If your pet(s) has to follow a special feeding schedule, please let us know by describing your pet(s) feeding schedule below.

Follow Regular Clinic Feeding Schedule:

Using Regular Clinic Provided Food:

Using Owner Provided Food: Owner Provided Food Name: _____

Special Feeding Schedule Description: _____

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. Fee for giving your pet medication is \$5.00-\$10.00 per day.

Will pet need medication while boarding with us? (Please Circle One): YES NO

Medication instructions / More notes:

Bathing

We offer bathing services for your convenience. All Baths include light pre-brushing, basic ear cleaning, thorough massage bathing, blow drying by hand and final brushing. Our Bathing Services **Do Not** include any Hair Clipping, or Scissor Cutting of any type if pet needs more than a basic bath we recommend that you visit your local Groomer.

Under 10lbs	11-20lbs	21-30lbs
Short Hair - \$18.00	Short Hair - \$23.00	Short Hair - \$28.00
Medium Hair Length- \$23.00	Medium Hair Length- \$28.00	Medium Hair Length- \$33.00
Long Hair Length- \$28.00	Long Hair Length- \$33.00	Long Hair Length- \$38.00

Short hair is less than 1/2 inch long, medium hair less than 1 inch long, and long hair is more than 1 inch long. Pets over 30lbs will be subject to additional fees as quoted by the doctor.

Bath Add On Services

All of the following services are optional services to be added on to baths. The prices listed are only if a bath service is also purchased.

Add On Service Description	Price
Nail Trim	\$9.00
Deep Ear Cleaning	\$15.00 (for both ears)

Bathing requests:

Pet Name : _____ Weight: _____

- I Do not want my pet to be bathe at this time.
- I Request that my pet be bathe at the cost of \$_____.

Add On Services: (**Only available if bath service is purchased**)

- Nail Trim \$9.00
- Deep Ear cleaning \$15.00 (for very dirty ears)
- No Add on Services Requested

Owner Full Name: _____

Boarding Dates:

From- ____/____/____ to ____/____/____

Pet Name: _____

Payment of original boarding period and any Pre-Boarding requirements is required at drop-off. I agree to make full payment for any additional services 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 accept CarePlus Veterinary Clinic's Kennel Policy. I also accept that if I fail to pick up my pet(s) within three days of notification at the above phone number or 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.

I have read the above and I am in full agreement.

Authorized Agent name (if different from owner): _____

OWNER/ AGENT SIGNATURE: _____ DATE: ____/____/____

CHECK IN RECEPTIONIST (WITNESS) NAME: _____

Receptionist (Witness) Signature: _____ Date: ____/____/____

Vaccines

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PP, and *Bordetella* vaccines, and cats have current rabies, FVRCP and Felv vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding. Pets must also have a recent negative fecal examination within 6 months. Vaccines, or tests that must be administered at this facility or by a licensed veterinarian working with 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.

Vaccination Records:

Pet Name: _____

On Heartworm prevention (Choose one): Yes No

Heartworm Prevention Name: _____ Last Dose Give: ____/____/____

Pet received all vaccination/ treatments through CarePlus Veterinary Clinic

Pet received all or some vaccinations / treatments through a different Clinic - Please Complete the following information log.

Rabies Tag Number: _____

Other Clinic Records:

Other Clinic / Hospital name: _____

Other Clinic/ Hospital Phone Number: _____

Examination Performed Date: ____/____/____ Expires: ____/____/____

Rabies Date Administered: ____/____/____ Expires: ____/____/____

DA2PP/FVRCP Date Administered: ____/____/____ Expires: ____/____/____

Bordetella (Canine Only) Date Administered: ____/____/____ Expires: ____/____/____

Felv(Feline Only) Date Administered: ____/____/____ Expires: ____/____/____

Fecal Exam Negative On: ____/____/____ (Must be within 6 months)

Statement of Kennel Policy

Owner Last Name: _____ First Name: _____
 Pet Name: _____ Species: _____ Breed: _____
 Age/DOB: _____ Sex: _____ Color: _____

1. A full day's boarding fee is charged per pet, per night, no matter what time your pet is admitted or released.
2. Pets must be picked up between 9:00am and 6:00pm Monday through Friday. Discharges after hours are not allowed. Our facility is closed Saturday and some Sundays and pets will not be released on those day. Pick-up must be Monday through Friday unless it is a Sunday we are open in which case pets may be picked up between 9:00am and 12:30pm.
3. Personal items may be left at your own risk. Although we try to take care of your pets belonging we are not responsible for loss or damages.
4. 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. If my pet(s) identified on this record become ill I request that CarePlus Veterinary Clinic 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 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.
5. If my pet(s) is found to have fleas, our facility will administer a flea treatment pill (Capstar / Capguard) to prevent a flea infestation in our facility. The charge will be added to owner's bill due on the day the pet(s) is picked-up.
6. All boarding pet(s) must be examined and deemed healthy and free of contagious disease/ infections prior to being boarded. Proof of examination within 1 year must be provided or our doctor will perform an examination on the pet(s) at an additional charge due the day pet is dropped off.
7. All boarding pet(s) must be up to date on all vaccinations including rabies vaccination. This must be performed prior to being boarded.

OWNER/ AGENT SIGNATURE: _____ DATE: ____/____/____

AGENT PRINTED NAME IF DIFFERENT FROM OWNER: _____

CHECK IN RECEPTIONIST (WITNESS) NAME _____

Receptionist (Witness) Signature: _____ Date: ____/____/____

Boarding Fee Schedule

Service	Type of Pet	Fee
Boarding	Dog (Canine) less than 30 pounds.	\$20.00 per night
Boarding	Cat (Feline)	\$17.00 per night
Administration of medication To Cooperative / Non- Aggressive pet(s)	Cats/ Dogs	\$ 5.00 per day
Administration of medication To Non-Cooperative / Aggressive pet(s)	Cats/ Dogs	\$10.00 per day
Bathing and add on extra services	Cats/ Dogs	***Please Refer to Bathing Page***
Flea Treatment Fee (24 hour Treatment)	Cats under 25lbs	\$8.00 + tax
Flea Treatment Fee (24 hour Treatment)	Dogs under 25lbs	\$8.00 +tax
Flea Treatment Fee (24 hour Treatment)	Dogs over 25lbs	\$16.00 +tax
Examination	Cats/ Dogs	\$45 Examination *
Rabies Vaccine	Cats/ Dogs	\$19.00 **
DA2PP Vaccine	Dogs	\$25.00 **
Bordetella Vaccine	Dogs	\$23.00 **
FVRCP	Cats	\$23.00 **
FelV	Cats	\$25.00 **
FVRCP + FelV	Cats	\$29.00 **
Fecal Examination	Cats/ Dogs	\$20.00**

*All Boarding Pets must have been examined by a veterinarian and deemed healthy/ have no contagious diseases, within 1 year of boarding date. If examined at another facility owner must bring in proof.

** All Pets that are receiving vaccinations, Fecals, or treatments on the day they drop off must be examined that same day at a charge of \$45.00 prior to receiving vaccines.

We offer a \$99.00 Basic Care Package That includes most services needed to board pets at a lower vaccine cost, please ask us for more information.