

Boarding Agreement for the Year _____

Owner's/Agent's Name: _____

Vaccines:

In order to board your pet, his/her rabies vaccine must have been given within the last twelve months if he/she is less than two years of age or in the last thirty-six months if pet is over two years of age. All other vaccines must have been administered within the last twelve months, unless you can show that your veterinarian follows an alternative immunization protocol. If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill.

Pet's Name: _____, _____, _____
First Pet's Name Second Pet's Name Third Pet's Name

Date of last rabies vaccination: _____, _____, _____

Date of last FVRCP vaccination: _____, _____, _____

Medication:

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions.

Statement of Kennel Policy:

1. Pets must be picked up between 8am and 5pm (or 7pm on Tuesdays and Thursdays). Discharges after hours cannot be accommodated.
2. Personal items may be left at your own risk. We are not responsible for loss or damage.
3. Cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
4. My pet's regular veterinarian is _____ and can be contacted if any records are required.
5. Should the pets identified on this record become ill and require 24 hour care, Metropolitan Veterinary Hospital has my permission to provide all medical/surgical treatment it deems necessary, including transferring my pet to The Animal Emergency Clinic, with initial fees not to exceed \$ _____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) 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 fees with the attending veterinarian.
6. I understand if a flea problem is identified at the time my pet is admitted for boarding, the staff will treat my pet with one application of Frontline. I agree to pay the charge for the treatment.

I agree to make complete payment to Metropolitan Veterinary Hospital at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered to be 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.

Signature of Owner or Agent

Date

Signature of MVH Staff

Date