**ANIMAL CARE CENTER**

**BOARDING AGREEMENT FOR YEAR - \_\_\_\_\_\_**

**Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client # \_\_\_\_\_\_\_\_\_\_**

**Pets’ name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight ­­­­­­­­\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_ Neutered/Spayed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please read over and initial this boarding agreement for the year above.***

**Possessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Medication/Dose/Last Given: (fee for administering medication per day- $ 2.00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial \_\_\_\_\_ By signing this once-a-year agreement, I understand that the above listed pet is required to be current on vaccinations required for boarding (see below) and free of parasites (fleas, ticks, worms) for their protection as well as the protection of the pets in this facility. Treatment will be at my expense. I understand that vaccination does not 100% protect my pet from all illnesses and that upper respiratory infections may occur in boarding facilities when multiple animals are present.**

**Initial \_\_\_\_\_ I understand that to reduce the spread of contagious disease and parasites, the following vaccinations/ tests are REQUIRED for boarding and will be given at my expense if they are not current. This policy is to keep everyone healthy!**

**Required Vaccinations:**

**DOGS - DHLP-PV, Rabies, Kennel Cough, Canine Influenza, Fecal within 6 months or current on monthly parasite prevention**

**CATS - FVR-CP, Rabies**

**Initial \_\_\_\_\_ An intestinal parasite exam will be done on my pet should they display symptoms of diarrhea issues. This is necessary to protect all boarders and patients. Treatment will be at my expense. *Please call first\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Initial \_\_\_\_\_ I understand that if my Pet becomes anxious or agitated a mild sedative may be given to make their stay more comfortable. I understand that in a new environment my pet may become stressed and act in ways that are outside of their normal behavior. They may have gastrointestinal problems, poor appetite, and even try to fight one another. I understand that I will be contacted informing me of the issues listed above, I will not hold Animal Care Center or their staff liable for my pets' injuries or illnesses that may occur. Treatment will be at my expense.**

**Initial \_\_\_\_\_We are proud to be a FLEA-FREE facility. I understand that if my pet arrives with fleas, a Capstar will be given at my expense. NO EXCEPTIONS!**

**Initial \_\_\_\_\_We offer Group Play at an additional $5.00 per day (*This is playtime during the Doggie Day Care hours) Circle YES* or NO**

**Initial\_\_\_\_\_ I understand that my pet's belonging(s) will be with my pet unless deemed unsafe without supervision by the Kennel Attendants. I understand that during times of stress, my pet may destroy, lose, or soil their belongings. If the staff of Animal Care Center at any time deems that my pet is not safe with their items during their stay, we will pull the items out of their kennel. The staff of Animal Care Center is not responsible for damages or losses to belongings. Rawhides and antlers are not permitted due to safety risks.**

**Food and Feeding Instructions: We ask that you bring your own pet's food portioned out for each feeding in labeled Ziploc style bags. Be sure to portion out enough to cover their entire stay. My pet is to be fed as follows:**

**Dry Food: \_\_\_\_\_cup(s) in the (circle) AM NOON PM. Canned Food: \_\_\_\_\_can (circle) AM NOON PM**  **Treats: \_\_\_\_\_ (circle) AM NOON PM**

**Your Pet will be fed Purina Proplan Sensitive Skin and Stomach food unless other food is provided.**

**My dog will be walked in a fenced in yard during scheduled walk times (*Does not apply to cat*s) CHOOSE ONE:**

**\_\_\_\_\_My pet MUST BE ON A LEASH during walk times in the fenced in yard. OR \_\_\_\_\_I allow supervised off leash walk times in the fenced in yard.**

**I wish to have my pet bathed the day of pick-up and there is ONLY AFTERNOON PICK UP, after 3 pm, to ensure they are dry and ready to go. (FOR AN ADDITIONAL FEE) *Circle YES or NO*** **(We do not bathe on Saturday or Sunday.)**

**I consent to photos or videos of my pet being used for online social media, websites or print and media advertising of any kind.  *Circle YES or NO.***

**I understand that I will review information I have provided at each check-in for my pet’s stay. If there are any changes necessary, I will inform the staff member upon check-in.**

**By signing below, I verify that I understand the above information, and will discuss any updates throughout the year as indicated. I acknowledge that I have read and agree to Animal Care Center’s boarding policy and pricing**.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### HOURS

Mon,Tue,Thu,Fri**:**7:30am–05:30pm  
Wed:7:30am–12:00pm  
Sunday Boarding Pick Up: 5:00 pm sharp (Must be Pre-Paid)

**For your pet to board, forms must be filled out entirely. Thank you!**

**Icon

Description automatically generated**

**ANIMAL CARE CENTER**

**LIMITED POWER OF ATTORNEY FOR PET EMERGENCY CARE**

**Owner name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pets name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I appoint Animal Care Center as my attorney-in-fact, to do all that is necessary or desirable for maintaining the health of my pet listed above, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed veterinarian and to execute any consent, release or waiver of liability required by veterinary authorities' incident to the provision of medical, surgical or other essential care to my pet by qualified veterinary medical personnel. This document is good for one (1) year. (Initial) \_\_\_\_\_\_\_\_\_

Animal Care Center may authorize, without approval from me, veterinary services up to and including the amount listed below. Any amounts over and above that will require that a technician or the veterinarian to contact me by phone at the emergency contacts I will provide for discussion and approval. (ENTER AMOUNT NOT TO EXCEED PER PET.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if Animal Care Center Veterinarian on staff or an Employee are not able to contact me for verbal or written approval, that treatment will not exceed the amount authorized above. (Initial) \_\_\_\_\_\_\_\_\_\_

Based on the emergent nature of need, my pet will be evaluated and treated by a veterinarian on staff at Animal Care Center or transported to the Veterinary Emergency Hospital if after veterinary office hours. (Initial)\_\_\_\_\_\_\_\_\_\_\_

I am responsible for all charges incurred at Animal Care Center and/or the Veterinary Emergency Referral Center. (Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* In the unlikely event of a cardiac or respiratory arrest, we will do all we can to resuscitate your pet. I understand that I am responsible for any additional costs related to this event.

\_\_\_\_\_\_\_\_Please resuscitate my pet. I will pay any additional charges this may incur.

\_\_\_\_\_\_\_\_Do not resuscitate my pet.

EMERGENCY CONTACTS

List who you want us to call first. If that is your number, please indicate that here.

Emergency Contact #1:

First/Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contact can make medical decisions for my pet on my behalf. YES or NO

Emergency Contact #2:

First/Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contact can make medical decisions for my pet on my behalf. YES or NO

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Signature of Owner or Authorized Agent Date

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Signature of Animal Care Center Employee Date