

Boarding Agreement

Owner: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Drop off date: _____

Pick up date: _____

Patient Label

Patient Label

Vaccinations: Pets are to be current on all vaccinations. If vaccinations were performed at another vet, then proof of vaccination is to be provided by the owner prior to, or at check in. Pets that are not up to date or missing required boarding vaccines will be given to them at the owner's expense. Please take into consideration that vaccines need time to build up immunity; the closer the vaccines are given to boarding the higher the risk that the vaccine may not fully protect your pet.

Required for dogs: Rabies, DAPPv, Bordetella

Required for cats: Rabies, FVRCP

Required for all boarders: To be current on a high quality parasite prevention

Diet: We encourage owners to bring their pet's regular food. Change in diet can cause GI Upset.

Own Food: _____

MSAC Food

Feeding instructions: _____

Please include exact measurements. We use a standard measuring cup.

Personal Items: We do accept personal bedding and toys, but have plenty of bedding and bowls. However, if you choose to leave personal items, MSAC is not responsible for loss or damage to any personal items left with your pet. In addition, we reserve the right to limit toys, bedding, etc. if we have any concerns about safety.

Fleas/Ticks: When was flea/tick prevention given last? _____ Product used: _____

If fleas or ticks are found on your pet(s), we will treat them for fleas/ticks at your expense.

Heartworm: When was heartworm prevention given last? _____ Product used: _____

If not on heartworm prevention, we will provide them with a heartworm prevention at your expense.

Medications: There will be a daily additional charge for administering medications. All medication(s) must be labeled and in their original packaging.

Please list medication(s) and scheduled times: _____

In the event that your pet(s) require medical care, we will attempt to contact you before treating. If we are unable to contact you, supportive care will be provided at your expense.

To ensure thorough preparedness, please choose **one** CPR option below:

_____ **Basic CPR:** Chest compressions, oxygen administration and monitoring for 15 minutes \$60

_____ **Mid-Level CPR 2:** Chest compressions, 1-4 medication injections, oxygen administration and monitoring for 30 minutes \$175

_____ **Advanced CPR 3:** Cardiac compressions, 3+ medication injections, oxygen monitoring for 60 minutes starting at \$300

_____ **DNR:** No life saving measures will be taken

Signature: _____

Date: _____

Print: _____

Witness: _____

Any other services for your pet(s) while they are boarding with us? _____

Additional services will have an accompanying nursing fee.

Bath

Toe Nail Trim

Anal Glads

Ear Cleaning

If any staff member notices signs of illness, injury, or any other health concerns in my pet I authorize Main Street Animal Clinic to promptly seek veterinary treatment.

Initial understanding: _____

Please be aware our clinic is **not** equipped with a fire protection sprinkler system and your pet(s) are left unattended during their stay after closing hours. If you choose to leave your pet(s) with us, Main Street Animal Clinic is **not** liable for injury that may occur during their stay.

Pets are released only during office hours.

Charges are for each night of your pet's stay. The day of pick up please come before 12pm, or you will be charged a day boarding fee.

If circumstances change with pick up day provided, please notify the clinic of your new pick up date.

If you neglect to pick up your pet(s) within 5 days of your pet's scheduled pick up date, Main Street Animal Clinic will consider your pet(s) abandoned, losing all rights to your pet(s). You will still be financially obligated to all charges accumulated for said pet(s) and their stay.

Payment is due in full at time of pick up.

I have read and understood all requirements, terms, and policies on this document

Signature: _____

Date: _____