



Boarding Agreement

Thank you for trusting us with the care of your pet. So that we may better meet your needs, please complete the following:

Your Name: _____ Emergency Phone: _____

Pet Name: _____ Arrival Date: _____ Departure Date: _____

Emergency Contact(spouse/partner/other): _____ Phone: _____

Email: _____ Where are you going? _____

- **Vaccines and flea medications are required for all boarding animals**
 - Dogs need DHPP, RABIES, AND BORDETELLA
 - Cats need FVRCP AND RABIES
 - Puppies who have not completed their vaccine series will not be walked outdoors
 - Is your pet up to date on vaccines? ()Yes ()No
 - Is your pet up to date on flea medications? ()Yes ()No Type and date: _____
 - A single dose of Capstar™ will be administered if your pet has fleas. Fee will vary by weight of animal.
- **There is no overnight monitoring of pets.**
 - Attendants are present during normal business hours and twice daily on weekends. In case of emergency, doctors will be contacted as soon as possible. Please initial here _____
- **Diet/Feeding**
 - I brought my own food () Yes () No
 - All animals will be fed Hill's Sensitive Stomach or equivalent unless you bring your own
- **Medications**
 - There is an additional fee of \$4.00 for each dose of medication given
 - Please list medications:
 - Medication _____ Frequency Given _____
 - Medication _____ Frequency Given _____
 - Medication _____ Frequency Given _____
- **Additional Services (charges will apply)**
 - I would like my pet bathed prior to pick up (toenail trim included)
 - Additional Requests:
 - _____
- **Medical Emergency: In the event that my pet becomes ill, every effort will be made to contact me and my emergency contact. If unable to reach me or my emergency contact, I elect the following:**
 - () I authorize up to \$300.00 in emergency treatment by Abbey Pet Hospital
 - () I authorize up to \$1,000.00 in emergency treatment by Abbey Pet Hospital
 - () I authorize euthanasia for my pet if the medical fees exceed \$ _____
 - () I authorize Abbey Pet Hospital to treat as necessary and I agree to pay in full for services upon pick up.

I understand and agree with all of the above, as well as the estimated charges. I understand that should there be any need for emergency treatment while my pet is boarding that every effort will be made to contact me in advance. I understand that I will be responsible for all fees associated with said treatment. If I neglect to pick up my pet within 14 days of the above date, my pet will be deemed abandoned and will be dealt with according to Section 1834.5 of the Civil Code. In the event of nonpayment or other legal dispute, the undersigned agrees to pay any collection costs and any reasonable legal costs, including attorney fees.

I have read and agree to this entire form and to its terms.

Client Signature: _____ Date: _____