

Acadian Animal Hospital Boarding Agreement

| CONTACT INFORMATION | | |
|----------------------|--|----------------|
| Client Name: | Pet Name: | Contact Phone: |
| Local Contact Name*: | Local Contact Phone: | |
| Date Admitted: | Date & Time of Planned Discharge: AM/PM | |

Please ensure that your local contact person is aware that you have given his/her name and is willing and able to make decisions regarding the care of your pet.

| BOARDING SERVICES (Please check) | |
|----------------------------------|---|
| | Small Board--\$21.00/night |
| | Large Board--\$25.00/night |
| | Complete Care Plus--\$5.00/night <i>Includes personal playtime with our caregivers, daily brushing, and treat time if desired.</i> |
| | Intact Male Surcharge--\$10.00/night <i>For all male dogs 6 months or older who aren't neutered.</i> |
| | Medical Supervision--\$10.00/night <i>For those pets with extensive special needs requiring close monitoring by our trained staff of medical professionals during the hospital's normal hours.</i> |
| | Oral or Transdermal Medication Level 1--\$3.50/night for up to 2 medications |
| | Oral or Transdermal Medication Level 2--\$5.00/night for >2 medications |
| | Injectible Medications Level 1--\$6.00/night for 1 medications |
| | Injectible Medication Level II--\$4.00 per medication per day |
| Total Rate \$ | per night |

| ADDITIONAL SERVICES (Please check) | |
|------------------------------------|--|
| | Parting Pampering--\$16.00 <i>Before going home, your pet is given a bath, massage, brushing, ear cleaning, and nail trim.</i> |
| | Sanitary Bath--\$10.00/bath (NOT OPTIONAL) <i>If your pet urinates or defecates in his/her kennel and requires a bath.</i> |

| SPECIAL INSTRUCTIONS |
|--|
| Please specify: My pet gets _____ cup(s)/can(s) _____ daily. |
| My pet's next feeding will be: |
| Pet's belongings. Please list |
| Allergies. Please list |

| MEDICATIONS | | | |
|-----------------|---------------|---------------------|-----------------|
| Medication Name | Dosage Amount | Dosage Instructions | Time Last Given |
| | | | |
| | | | |
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| | | | |

****Please bring all medications in their original containers. If medications are not provided, you will be charged at the current rates****

Staff Initial _____

Admission Requirements: Please **initial** your understanding and agreement of the following statements...

- Pickup times:** Available any time during normal business hours: Monday, Tuesday, Wednesday, Thursday, and Friday 8am-5pm and Saturday 8am-12pm. *NOTE: After hours pickup available by request only- Saturday 5:00-5:30pm and Sunday 9:00-9:15am and 5:00-5:30pm* **Holiday pickup is 9-9:15am ONLY**
- Check out time:** 12 pm for the previous night. Those animals picked up after 12pm will be charged for the next night (just like a hotel).
- Flea Policy:** For the safety and well being of your pets, any animal found to have evidence of fleas (or other internal/external parasites) will be given a flea preventative immediately. Appropriate flea control is one of the precautionary measures the hospital takes to ensure your pets comfort.
- Vaccination Policy:** Prior to or at admission, I must provide a copy of my pet's vaccination record from a licensed veterinarian, showing that my pet has been examined by a veterinarian and is up to date on his/her vaccinations.(Canine: Rabies, Bordetella, and DA2PP; Feline: Rabies, Leukemia, FVRCP) If I can not provide such records, my pet will be examined and vaccinated before being admitted at my expense.
- Diet:** If your pet has Special dietary needs or preferences (other than Hills Science Diet Adult Feline or Canine diet) you must provide the food or it may be provided at current charges.

➤ **Non-Scheduled Non-Emergency Medical Care**

Please Initial One:

- I wish to be contacted if there are **ANY** changes in my pet. No non-emergency care will be initiated without consent; however, in the event of an emergency the below emergency medical care policy is in force. I understand that if I or my local contact cannot be reached, my pet will not receive the non-emergency medical care recommended by the staff, which may or may not result in additional medical cost in the future.
- I wish to be contacted **ONLY** in the event of an **Emergency**. Please provide the necessary non-emergency care at the doctor's discretion. Additional instructions _____
- I can not be reached, please contact the local contact person for non-emergency/emergency care consent.

- Scheduled Medical Care Policy:** If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize the hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Acadian Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my animal may need to have another procedure at a future date at my expense.

- Emergency Medical Care Policy:** The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Acadian Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.

- Abandoned Pet Policy:** Any pet not claimed within ten (10) days of planned pick-up date, without new provisions being made, will be considered abandoned and will become the property of Acadian Animal Hospital and handled according to our best judgment.

- Disaster Preparedness Policy:** In the event of a natural or man-made disaster, there may be times when practices cannot maintain custody of boarded or hospitalized patients. This may be due to unavailability of staff, loss of power for heat or air-conditioning, or unsafe or unsanitary conditions within the facility. In such an event, we will attempt to contact the owner and local contact to apprise them of the situation and future plans. We will also attempt to have up-to-date information on our website at www.acadiananimalhospital.com. Rest assured, our patients are our top priority, and we will do everything within our power to provide for their safety and well being during such a disaster.

- Photo Release:** I, the undersigned, do hereby consent and agree that Acadian Animal Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet(s) and to use them in any and all media, now or hereafter known, and exclusively for the purpose of medical records and education of clients.

OPTIONAL: I would like _____ and _____ to board together. Approved by: _____

X

Owner or Authorized Agent

Date