STANSBURY ANIMAL HOSPITAL

BOARDING AGREEMENT & CONSENT FORM (v.1)

Client :_____ Check-in:_____ Check-out:_____ Time: _____AM /PM

Staff Int:_____ Staff Int: _____

Boarders here over a two week period will need to pre-pay plus put a card on file for the duration of the stay.

In order to ensure the health and safety of all pets boarding and/or hospitalized, please inform us of any health or behavioral concerns PRIOR to check-in. Any parasite discovered while boarding will be treated at the owner's expense.

***All pets must be current on vaccinations.**

Required vaccinations:

Dogs
Bordetella Rabies Distemper Combo (DHPP)

Cats
Rabies, Feline Leukemia Combo (FELV)

If any of these requirements are not met at check-in, SAH may deny boarding or will perform the appropriate vaccination administration while your pet is boarding.

Holiday: _____ [ ] $18 Per pet on day of holiday

VACCINATIONS

Patient:_____ **[ ]Medication [ ]Home Items** Weight:_____ Dhpp, Dhppc, Bord, Felv, Rabies / [ ] Current

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The following care is provided to all boarding pets:

- All pets are housed in individual runs or enclosures suited to their size, health conditions and species. Pets of the same household and species may be boarded together in the same space.
- All pets' quarters are kept clean and sanitary, and bedding is changed as needed to remain clean.
- Dogs are exercised outdoors daily unless unable to due to a medical condition or inclement weather.
- Cats will be offered clean litter boxes which will be cleaned twice daily or more often if soiled. They will also be offered free access to the feline wards twice daily for playtime.
- All pets are fed daily as requested by their owners with fresh water available at all times. If no special diet is requested and provided by the owner, we will supply our hospital stock species appropriate foods.

MEDICATION/TREATMENT/SPECIAL ACCOMMODATIONS

(There is a $7 for 1-3 pills per day medication fee and a $7 fee per injection)

Pets Name:	Pets Name:	Pets Name:
Has your pet received its medication today? **YES [ ] NO [ ]**	Has your pet received its medication today? **YES [ ] NO [ ]**	Has your pet received its medication today? **YES [ ] NO [ ]**
Rx name: How Much/Often:	Rx name: How Much/Often:	Rx name: How Much/Often:
Rx name: How Much/Often:	Rx name: How Much/Often:	Rx name: How Much/Often:

Continue on reverse side

Stansbury Animal Hospital will provide bedding for all boarding pets. Personal bedding can be denied at the time of check-in.
You can bring the following items with your pet to make for a more comfortable environment with boarding:

- Food
- Treats
- Medications
- Toys

DIET	BELONGINGS	Additional Services Lab work, Exams, Med Refills, Grooming
If food is from home please give a description of the bag or container it is brought in, how much we are to feed and how frequent. AM/PM separated bag are appreciated	SAH is not responsible for lost or damaged items. Please describe personal belongings below. (Blankets, Toys, Ect)	

(checked-in after 1 PM or pick-up before 1 PM, there will be 1/2 day charge for that day)

Please notify our staff if you would like an estimate of costs for your pet's boarding stay.

Boarding Consent:

My signature below certifies that I am an authorized owner or agent for this pet. I have read and understand all the terms listed on the form titled Boarding Agreement and Consent Form(v.1), and Boarding Agreement & Consent Form (v.2). I have given full and truthful information relating to any health conditions, special request or needs for my pet. I understand that my pet must be fully vaccinated to board at Stansbury Animal Hospital. I further understand that if I do not have proof of vaccination I give my permission for my pet to be properly vaccinated by Stansbury Animal Hospital. I assume full responsibility for facility damages by my boarding pet(s) if they occur during boarding accommodations. I also assume full responsibility for services requested above and treatment expenses for medical conditions that arise while my pet is boarding.

Owner/Agent Signature:_____ **Date:**_____

Owner/Agent Print :_____ **Date:**_____

Stansbury Animal Hospital (SAH) will provide the care detailed above, for the duration of boarding resumption. SAH veterinarians and staff will take all reasonable precautions against illness, injury, escape and/or death of all pets under their care. SAH is not liable for health conditions that may develop while the pet is under their care, provided reasonable care and precautions are followed. Any medical conditions, including anxiety related conditions that may develop while boarding, will be treated as deemed appropriate by a SAH veterinarian. Any bathing or grooming deemed necessary by the DVM for medical, hygienic or safety reasons will be performed as needed. If quality of life is deemed necessary by DVM to prevent any prolonged suffering, Euthanasia will be done; charges may apply. * While we will make every attempt to obtain the consent of the owner or an authorized agent listed before treatment, should an owner/agent not be reached, necessary care will be provided, and cost will be the responsibility of the owner.

Emergency / Pick up-Drop off Authorisation

Contact Name : _____

Contact Number: _____