

Homestead Animal Hospital Boarding Agreement

Owner Name: _____ Pet's Name: _____ Date: _____ Guest Wt: _____

Time of last meal: _____ Feeding instructions: _____ Any known drug or food allergies? _____

Any symptoms of illness we should know about? _____

Emergency Contact Name & Phone Number: _____

Medications & Instructions (include last given): _____
There will be a charge per night for administering medications.

Playtime & Flea/Tick

Grooming, Treats & Pick-Up

Your pet is entitled to two 45 minute sessions of playtime!

Canines will enjoy our outside exercise area, where they will be supervised at all times. They will have full access to an agility course made just for them! Toys will be provided by our hospital.

Felines will relax in the serenity of their Cat play area, where they will be supervised at all times. They will have access to toys, scratching posts, and be able to climb on tiers.

*Requirements for playtime: All Vaccines, Spay/Neuter, and your pet **MUST** be social and pet friendly!*

I accept Playtime for my pet and I take full responsibility for my pet's actions.

Client Initials: _____

For everybody's protection, all dogs will be treated with Flea/Tick Prevention! (An extra charge will be included should you not bring your own dose). **Any pet with a flea/tick infestation will be bathed**

And dipped at owner's expense.

Client Initials: _____

A bath, ear cleaning & nail trim will be given at no additional cost on the day before discharge. Should you be interested in a scented bath, an additional charge of \$10.00 will apply. *Circle a Bath for your pet!*

REGULAR BABY-POWDER OATMEAL FLEA/TICK

Doggie Ice Cream or Bark Bar are available for an additional \$2.00/each.

Qty: _____ Directions: _____

We would LOVE to share your pet(s) pictures with you at your email address: _____

and with your permission, would love to show off and share your pet(s) pictures on our social medias (Facebook and Instagram).

Pick Up: AM (8a-12p) _____

PM (12p-6p) _____

Client Initials: _____

FOR YOUR PET'S HEALTH

Vaccination Policy: To insure the protection of all pets under our care, the following must be up to date:

DOGS: DHLPP (Distemper /Hepatitis/ Lepto/ Parainfluenza/ Parvo), Bordetella: Kennel Cough, Influenza: Kennel Cough and Rabies (Bordetella and Influenza **MUST** be given a week prior to boarding), and Fecal testing (Smear and Flotation)

CATS: FVRCP (Distemper), Feline Leukemia, Rabies, Fecal testing (Smear and Flotation), and FIV Testing

(Your signature below provides authorization for us to update your pet's vaccinations in accordance with the above policy)

Other Medical Illness Policy: If your pet becomes ill, we will call the emergency number(s) provided by you. If no one can be reached, we need you to indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition (circle one):

A. _____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes non-elective and elective treatments and any necessary diagnostics.

B. I authorize up to (circle one) \$100 \$250 Other: \$_____ in medical care for my pet until someone can be reached.

C. _____ Do not administer any medical treatment until specific authorization is given.

Personal Items: At Homestead Animal Hospital, we make every effort to provide for the comfort of our canine and feline guests. We strongly discourage owners from leaving any type of personal property with their pets. **If you insist on leaving items (i.e. toys, blankets, dishes, etc...) we will make every effort to see that they are returned to you when you pick up your pet. We cannot guarantee the return of items which may become lost during normal cleaning, nor for items which may be destroyed by your pet while boarding with us.**

A deposit of 50% off all fees for boarding & veterinary services must be paid at the time of drop off, and the remaining 50% of the fees must be

paid at time of pick-up/discharge. Your signature below indicates that you have read and understand this agreement, in its entirety, and you are willing to be bound by these rules, regulations and financial responsibilities.

Owner

HAH Employee

MULTIPLE PET QUESTIONNAIRE

- May we board all family members in the same suite? YES NO

If not, please be advised that in the case of an emergency (hurricane, ect) to make room for the safety of the animals, we will be boarding all family members together.

- Will they share their meal time together? YES NO
- Do they play well together? YES NO

X

Clients Signature

PET INFORMATION

- Does your pet(s) chew on bedding or/and toys? YES NO
- Should your pet not eat after 24 hours, may we offer an alternative food? (This may include yogurt, rice, deli meats & canned food – charges may apply) YES NO

PLEASE NOTE IF PET(S) DO NOT EAT AFTER 24 HOUR OUR VETERINARIAN WILL EXAMINE AND DO POSSIBLE DIAGNOSTIC TESTING (Blood Glucose, Labwork, Fecals, Xrays, ect) at an additional charge.

X

Clients Signature

- In case of extreme weather conditions, or fireworks, does your pet(s) require a light sedative for stress?

YES NO

If YES, please note name of pet(s) and which medication you prefer we use (circle Benadryl or Acepromazine) charges will apply.

Pet 1: _____ uses __Benadryl__ or __Acepromazine__ for stress.

Pet 2: _____ uses __Benadryl__ or __Acepromazine__ for stress.

Pet 3: _____ uses __Benadryl__ or __Acepromazine__ for stress.

X

Clients Signature

- Our BOARDING FACILITY operates MON-FRI 8a-6p, SAT/SUN 8a-10a & 4p-6p; I understand that my pet(s) will be unsupervised after the previously noted hours of operation. Please take this into consideration if your pet(s) have any health conditions or are of senior age 7+ (Diabetes, Heart conditions, old age, Seizures, ect)

X

Clients Signature