

Homestead Animal Hospital Boarding Agreement

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

Time of last meal: _____ OWN food? _____ Feeding instructions: _____

Symptoms of illness we should know about? _____ Drug / Food Allergies? _____

Emergency Contact Name & Phone Number: _____

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

Playtime & Flea/Tick

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.**

DATE ADMINISTERED: _____

PRODUCT NAME: _____

Client Initials: _____

Grooming, Treats & Pick-Up

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 \$14.08 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 \$2.66/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: Mon – Fri (11a-3p) _____

Sat (10a-12:30p) _____

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 _____

