

# BOARDING CONTRACT

Our main goal in boarding your pet is that he/she stays in a healthy and clean environment. In order to maintain these goals we have some basic requirements:

- 1. VERIFICATION OF CURRENT VACCINATIONS:** If proof of vaccination cannot be obtained from either the owner or vaccination clinic, the pet(s) will be vaccinated at Green Trails Animal Clinic at the owner's expense.
  - DOG:** Bordetella and a Fecal Exam – within the last 6 months  
DHLP, Parvo, and Influenza – within the last year  
Rabies – as is appropriate for each dog
  - CAT:** Bordetella – within the last 6 months  
Rabies and FVRCP – within the last year
2. All pets are checked for fleas upon entry to the boarding area. If your pet has fleas it will be treated by either bathing or applying advantage. You will be charged for this service if it is needed.
3. We are open Monday, Wednesday and Friday 7am-6pm; Tuesday and Thursday 7am-7pm and Saturday 8-12pm. Please arrange for pick-ups during these hours. Boarding fees are per nightly stay. **There are NO Sunday pickup hours.** All pets are fed Science Diet unless you request or provide another food. Dogs are exercised a minimum of 3 times daily in our backyard. Pets are not boarded in the same kennel unless requested by the owner. Dogs are not exercised with other dogs, unless they are from the same family and only upon owner's request.
4. Pets sometimes develop diarrhea while boarding due to stress or dietary change. If your pet develops diarrhea it will be treated as deemed appropriate by the attending veterinarian.
5. **If your pet becomes soiled while boarding it will be bathed at the owner's expense.**
6. Medication(s) that your pet needs to take while boarding will be given by our staff for a small additional charge per day.

**I understand that during boarding unforeseen conditions may develop that necessitates attention by a veterinarian. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary or desirable in the exercise of the veterinarian's professional judgment. I also understand that I will be financially responsible for these procedures or operations. I further authorize the release of any and all of my pet's medical records to Green Trails Animal Clinic.**

I have read and understand this contract.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency phone number(s): \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Pickup Time: **(NOT before 4pm if being bathed)** \_\_\_\_\_

Would you like your pet to be bathed before going home? Yes \_\_\_\_\_ **(Pick up after 4pm)** No \_\_\_\_\_

Does your pet have special needs? If yes, please fill out the following:

Medication(s): \_\_\_\_\_

\_\_\_\_\_

Special Diet or did you bring food from home and how much to feed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Important Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any items brought from home: