



Boarding Contract

VETERINARY CARE

Drop off Date: _____ Pickup Date: _____

Client Name: _____ Date: _____

Pet Name: _____ Pet Name: _____

Pet Name: _____ Pet Name: _____

Playtime Instructions

Does your pet show aggression towards people or other animals? Yes No

Does your pet play well and get along with other animals? Yes No

Do you give your consent to have your pet free-play in the yard with other dogs during playtime? Yes No

Additional Procedures

Please indicate all additional procedures you'd like performed while your pet is with us.

- Nail Trim \$ 9-12
- Nail Trim w/Dremel \$ 22
- Anal Gland Expression \$ 14
- Clean Ears \$ 15

Feeding Instructions

- Own Food
- AGVC Food (*Science Diet Sensitive Stomach*)

Instructions:

- 1 cup Once a day
- 1 1/2 cups Twice a day
- 2 cups
- 2 1/2 cups
- 3 cups
- Other: _____

Medications

Does your pet have a chronic medical condition? Yes No

If yes, please explain: _____

1. _____ Dose: _____

Directions: _____

2. _____ Dose: _____

Directions: _____

Emergency Contact

Responsible Party: _____

Phone: _____

Alternate Phone or Email: _____

Owner's Property

Please check-in everything you are dropping off. Aspen Grove Vet Care cannot be held responsible for lost or damaged property.

Leash Color: _____

Bedding Color: _____

Description: _____

Food / Measuring Cups

Description: _____

Medications / Supplements

Description: _____

Client Signature: _____

By signing above I acknowledge that I have read and understand the boarding policies and prices of Aspen Grove Veterinary Care printed on the reverse side of this contract and give my consent for each. I further acknowledge that I have been encouraged and provided the opportunity to discuss all my questions and concerns and they have been answered to my satisfaction.

Payment, in full, is required at time services are rendered. We accept Cash, Checks, MasterCard, Visa, and Discover. Care Credit is the only payment plan we offer.

Additional space for care instructions on reverse side.

Additional Feeding or Medical Instruction

Boarding Policies

First-time Boarders

All first-time boarders will be charged a one time fee of \$15 for the following requirements:

- Brief health exam by our veterinarian
- One-on-one personality assessment

Vaccination Requirements

I verify that my pet(s) have been vaccinated by a veterinarian and are up to date on the following vaccines:

Dogs

- 1 or 3 year Distemper/Parvo; 1 or 3 year Rabies; Bordetella

Cats

- 1 or 3 year Distemper/Upper Respiratory Combo; 1 or 3 year Rabies

Boarding Charges

I understand and agree to pay the following charges.

- I understand I will be charged for the day I drop off my pet(s), regardless of the time of day they arrive.
- I understand that if I pick up before noon (12:00 pm) I will not be charged for the day they leave.
- I understand that I pick up after noon (12:00 pm) I will be charged for the full day.

Boarding Prices

- Dog Boarding: \$22 per day (per dog)
- Cat Boarding: \$14 per day (per cat)
- Over 7 days Dog Boarding: \$22 per day (first 7 days); \$19.50 per day (all subsequent days)
- Over 7 days Cat Boarding: \$14 per day (first 7 days); \$12 per day (all subsequent days)
- Administering medications: \$2.00 per day (per pet)

Pick up Times

I know and understand when the times available to pick my pet up are: Monday - Friday: 8:00 am - 5:30 pm; Saturday: 8:00 am - 12:00 pm and Sunday: 5:00 pm (pick up only).

Group Play Consent

I understand that during playtime my dog will be playing in a group with other dogs. Although the staff of Aspen Grove Veterinary Care will closely supervise all boarders, I understand and accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercation or injuries. I willingly assume all risks of and responsibility for the costs to treat any injuries my dog(s) sustain while boarding at this facility. I further understand and accept that the owners and staff will not be held liable for any injuries or deaths sustained by my dog while under the care of Aspen Grove Veterinary Care.

Emergency and Medical Treatment Authorization

I understand that while Aspen Grove Veterinary Care takes all reasonable steps to avoid communicable diseases, there is still a small risk of acquiring a communicable disease while boarding. In the event my pet(s) contracts such a disease while boarding, I assume all the risks and accept the responsibility for the costs of all treatments. I further agree to hold the owners and staff of Aspen Grove Veterinary Care harmless from expenses incurred for such treatment.

I understand and agree that if the need arises, emergency medical treatment for my pet will be provided by the doctor(s) and staff of Aspen Grove Veterinary Care and I agree to pay all reasonable costs associated with such treatment.

I understand that someone from Aspen Grove Veterinary Care will attempt to notify me at the phone number(s) I provide and that if I, or my agents, cannot be reached in a reasonable amount of time I authorize the doctor of this facility to make all medical decisions for my pet.

Health & Personality Acknowledgement

I verify that the pet(s) on this contract are in good health and to my knowledge have not shown any clinical signs of any communicable disease or parasite within the last 14 days. I further verify that they have not caused harm to or shown aggression or threatening behavior towards people or other dogs. I have discussed and made the doctor(s) and staff of Aspen Grove Veterinary Care aware of any health or personality concern I have regarding my pet(s).