



VETERINARY CARE

# Boarding Contract

INSTRUCTIONS ON THIS CONTRACT CANNOT BE ALTERED. If there are ANY alterations, you must fill out a new contract.

Client Name: \_\_\_\_\_ Form Completion Date: \_\_\_\_\_

Pet (1) Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Pet (2) Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Stay 1: Drop off Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Stay 2: Drop off Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Stay 3: Drop off Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Stay 4: Drop off Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

## Playtime Instructions

- Does your pet(s) show aggression towards people or other animals?  Yes  No  
If yes, which pet: \_\_\_\_\_
- Does your pet(s) play well and get along with other animals?  Yes  No  
If no, which pet: \_\_\_\_\_
- Do you give your consent to have your pet(s) 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 \$ 10-12.50
- Nail Trim w/Dremel \$ 25
- Anal Gland Expression \$ 14
- Clean Ears \$ 15

## Pet (1) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pet (1) Medications

Does your pet have a chronic medical condition?  Yes  No

If yes, please explain: \_\_\_\_\_

1. \_\_\_\_\_ Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

2. \_\_\_\_\_ Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

## Pet (2) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pet (2) Medications

Does your pet have a chronic medical condition?  Yes  No

If yes, please explain: \_\_\_\_\_

1. \_\_\_\_\_ Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

2. \_\_\_\_\_ Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

**Signature Required on Reverse Side**

## 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 and a 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; and Bordetella (kennel cough). **Cats:** 1 or 3 year Distemper/Upper Respiratory Combo; 1 or 3 year Rabies. **If proof is not provided or vaccines are expired, I authorize Aspen Grove Veterinary Care to perform, at my expense, all required examinations and vaccinations.**

### BOARDING CHARGES

I understand and agree to pay the following charges.

- I will be charged for the day I drop off my pet(s), regardless of the time of day I arrive.
- If I pick up before noon (12:00 pm) I will not be charged for the day I leave.
- If 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: \$17 per day (per cat)
- Administering medications: \$2.50 per day (per pet)

### PICK UP TIMES

I understand the times available to pick my pet up are:

- Monday - Friday: 8:00 am - 6:00 pm
- Saturday: 8:00 am - 12:00 pm
- Sunday: 9:30 am & 5:00 pm (pick up only)

### PICKING UP EARLY

Boarders who are picked up more than 24 hours before the end of their reservation, will be charged for the entire reservation. For example, if you have reserved a kennel from January 1 - 10 and you pick up on January 5; you will be charged through January 10.

### 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 willing 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 of Aspen Grove Veterinary Care will not be held liable for any injuries or death sustained by my dog while under their 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. In the event of my pet(s) death, I understand that my pet's remains will be preserved and kept on the premise until my return; at which time I will be provided all of my options and additional costs for proper disposal.

### 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).

**Client Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By signing above I acknowledge that I have read, understand, and agree to the boarding policies and prices of Aspen Grove Veterinary Care and give my consent for those requiring it.** I further acknowledge that I have been encouraged and provided the opportunity to discuss all my questions and concerns with an Aspen Grove team member and they have been answered to my satisfaction. **Payment, in full, is required at time services are rendered.**

## 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

## Sunday Pickup

Pick Up Time:  9:30 am  5:00 pm

**If you are picking up on Sunday, please indicate what time.** The kennel staff works on Sundays, however, they are in the back of the clinic and often times outside in the yards. **FOR SAFETY REASONS, WE KEEP THE DOOR LOCKED ON SUNDAYS .** If no one is scheduled to pickup, they won't know to unlock the door. **The door will be re-locked 15 minutes after pickup time.** If you miss your pickup time, you'll have to wait until the next available time to pickup. You are responsible for paying any additional boarding charges if you miss your pickup time.

## Someone else is picking my pet up

I give my consent for Aspen Grove to release my pet to the following person:

\_\_\_\_\_

## Emergency Contact

Responsible Party: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone or E-mail: \_\_\_\_\_

## Additional Instructions: