

Boarding Contract



Owner's Name: _____ Contact Ph: No: _____

Pet's Name: _____ Alternate No: _____

Check-In Date: _____ Breed/Color: _____

Initial: _____ **Belongings:** I am leaving belongings with my pet. I understand that the clinic IS NOT RESPONSIBLE for left items and items may become soiled, ruined, or lost. All items left should be clearly labeled with the pet's name. I understand that no rawhide, chew bone, dental bones, or easily destroyed toys are allowed to be left with the pet for his/her safety.

Items left: _____

Initial: _____ **Diet:** I understand that my pet will be fed Science Diet Adult Maintenance, unless otherwise noted.

*Please feed my pet his/her own diet. The instructions are as follows:

Initial: _____ If my pet(s) is not eating during their stay at Luv-N-Care Animal Hospital, I understand that my pet will be fed Hill's Prescription Diet I/D wet food. I understand and agree to being financially responsible for additional food added to my pet's stay.

Additional Services:

<input type="checkbox"/> \$25 Bath (Toe Nail Trim & Ear Cleaning)	<input type="checkbox"/> \$15 Toe Nail Trim
<input type="checkbox"/> Exam/Vaccines	<input type="checkbox"/> Boarding with Medications

Initial: _____ **All vaccines must be current; Rabies, DHLPP (Distemper, Hepatitis, Lepto, Parvo and Parainfluenza), Bordetella and Influenza. An exam with a Luv-N-Care Veterinarian is required for boarding annually. A stool check is required every six months for dogs.** Your pet must be free of internal and external parasites. If noted, treatment will be given and the owner is financially responsible.

Initial: _____ In case of **DIARRHEA**, I understand that Luv-N-Care Animal Hospital must determine if the cause is pet specific, or if the cause is something that needs to be isolated from other pets. If Diarrhea (liquid, w or w/o blood, mucous or black) persists the pet will require an **Exam, Fecal testing and Medication** which the owner will be financially responsible.

Initial: _____ I authorize reasonable treatment for any illness or injury that may develop as deemed appropriate by the staff and veterinarians. Stating this, I also assume full responsibility for any treatment expense involved.

Initial: _____ Should circumstances arise that my pet(s) remains unclaimed after the date that I have stated as the pick-up date without notice of extended stay, I understand that written notice will be mailed to the address on file. Seven days after such written notice the pet(s) will be considered abandoned and will be property of Luv-N-Care to do with as we deem best fit for the animal. It is further understood that such action WILL NOT relieve me from paying all costs of services during that stay.

I have read and understand the above statements and agree to the terms outlined above

Signature of Owner/Representative of Owner

Date