

Boarding Contract



Owner's Name: _____ Contact Ph: No: _____
 Pet's Name: _____ Alternate No: _____
 Check-In Date: _____ Breed/Color: _____
 Check-Out Date: _____

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 Sensitive Skin and Stomach, unless otherwise noted.
 *Please feed my pet his/her own diet. The instructions are as follows:

Initial: _____ **Medications:** If my pet has medications to be given while staying at Luv-N-Care, I understand that there is an additional cost associated with this service.

Medication Name	Dose/Frequency

Initial: _____ **If my pet(s) is not eating during an extended 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 be financially responsible for additional food added to my pet's stay.**

Additional Services:

\$26 Bath (Toe Nail Trim & Ear Cleaning)	\$15 Toe Nail Trim
Boarding with Medications	Exam/Vaccines
Is your pet(s) on a Wellness Plan?	

Initial: _____ **All vaccines must be current; Rabies, DHLPP (Distemper, Hepatitis, Lepto, Parvo and Parainfluenza), Bordetella and Influenza. A stool check is required every six months for dogs. Cats must be current on: Rabies, FVRCP and yearly fecal. An exam with a Luv-N-Care Veterinarian is required for boarding annually.** 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 expenses 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