



COUNTRY CLUB **Animal Hospital**

BOARDING CONTRACT

PET OWNER: _____ SPOUSE/ PARTNER: _____

OWNER'S ADDRESS: _____

OWNER'S EMAIL: _____

PHONE: _____ MOBIL: _____ OTHER: _____

PET'S NAME: _____ BREED: _____ COLOR: _____ SEX: _____ SPAY/NEUT? _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

PET DROP OFF DATE: _____ PICK-UP DATE: _____ PET PICK-UP TIME: _____ (AM/PM)

After-hour pick-up must be pre-approved. A full boarding day charge will be applied

COUNTRY CLUB ANIMAL HOSPITAL, (CAAH) AGREES TO: *Please initial on the lines provided.*

- | | |
|---|---|
| <p>1) Exercise reasonable care, to keep CCAH premises sanitary and properly enclosed, to feed & water pet properly and regularly, and to supervise pets in a clean and safe environment. Dogs will be walked regularly.</p> <p>2) Notify owner if the pet becomes seriously ill. If owner/contact does not inform CCAH immediately regarding measures to be taken or if the state of pet's health reasonably demands immediate action, a Veterinarian of CCAH will administer treatment to the pet as needed to stabilize at the owner's expense.</p> | <p>3) CCAH assumes no responsibility or liability in the case of accident, sickness, or death of the pet while boarding in the kennel.</p> <p>4) Note: A pet is considered abandoned if not picked up within 10 days of the prearranged date for pick-up, therefore, it is very important you contact CCAH about any changes in your pick-up plans. Abandoned pets will be dealt with as the management of CCAH deems fitting and abandonment does not release me of my obligation for payment of the total bill.</p> |
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I have read and fully understand the above section (1-4) and agree to all of its conditions.

OWNER'S SIGNATURE: _____ **DATE:** _____

PET OWNER AGREES TO: *Please initial on the lines provided.*

- A. Represent that he/she is the legal owner/representative of the pet, & that the pet has not knowingly been exposed to distemper or rabies virus within the last thirty days, and that the required annual licenses have been obtained.
- B. Update any vaccinations or fecal exam that are not current as listed below. *(Some vaccines may require a mandatory physical exam - \$50)*
- C. Pets must be free of external parasites, and if found to have parasites will be treated at the owner's expense.

- D. Promptly pay all expenses for the boarding plus any additional veterinary services required by the pet as outlined above at the time of discharge.
- E. If your pet has special dietary needs or preferences you must provide the food or it may be provided at current charges.

I have read and fully understand the above section (A-E) and agree to all of its conditions.

OWNER'S SIGNATURE: _____ **DATE:** _____

REQUIRED PET VACCINATIONS & TESTS:

DOG	CAT
<input type="checkbox"/> Rabies	<input type="checkbox"/> Rabies
<input type="checkbox"/> DHLP	<input type="checkbox"/> FVRCP-C
<input type="checkbox"/> Parvo	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Corona	<input type="checkbox"/> Fecal Test
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Felk/ FIV Test
<input type="checkbox"/> Fecal Test	➤ <u>Positive results for Leukemia or FIV will be boarded in ISOLATION AREA ONLY</u>

REQUIRED PET BATH & BOARDING FEE SCHEDULE:

A bath is required for all pets being boarded. A bath will be given when the pet arrives & another bath will be given on the day the pet is scheduled to go home if boarding more than four (4) days. *You will only be charged for the first bath.*

WEIGHT	BOARDING/DAY	BATHING
00-25#	\$ 26.50	\$ 30.00
25-50#	\$ 28.75	\$ 32.25
50-75#	\$ 31.25	\$ 34.50
75-100#	\$ 33.50	\$ 37.25

SPECIAL INSTRUCTIONS:

CCAH will not assume any responsibility for loss of or damage to any personal items left with your pet!! (Collars, leashes, blankets, toys, carriers, etc.) **PERSONAL ITEMS:** _____

Feeding special diets &/or administering medications to pets while boarding will be charged \$2 per medication/ per administration. *You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates. Please list all medications below along with dosages and instructions.*

MEDICATION	DOSAGE AMOUNT	DOSAGE INTRUCTIONS	TIME LAST GIVEN BY OWNER

I further agree that in the case of non-payment, a finance charge of 1 1/2% per month (18 % per annum) will be charged and that any collection fees or attorney fees for collection will be paid by me.

I have read and fully understand the above document and agree to all of its conditions.

OWNER'S SIGNATURE: _____ **DATE:** _____

CCAH WITNESS TO SIGNATURE: _____ **DATE:** _____