

Northwest Animal Hospital and Pet Care Center Boarding Agreement

Read and Initial first 3 items and Daycare or Outdoor Exercise items, if applicable

1. General Boarding Requirements: _____Initials

All guests staying at Northwest Animal Hospital Boarding Kennel must have up to date vaccinations and a negative stool specimen within the last 6 months or have these procedures performed during their boarding stay at Northwest Animal Hospital. In addition, all pets must be free of fleas and ticks. If fleas or ticks are detected at any time during your pet's stay with us, they will receive a Frontline treatment at owner's expense.

2. Medical/Illness Policy: _____Initials

If your pet becomes ill while boarding as determined by the trained staff, they will immediately be presented for examination by the veterinarian and a determination made as to the appropriate care deemed necessary. Every effort will be made to contact the owner to inform them of the situation. If your pet requires treatment for their comfort and safety and we are unable to contact you or your appointed emergency contact, treatment will be provided and you will be responsible for the fees incurred. It is explicitly understood that if I choose to seek medical care for any condition, and/or complication of medical care initially received at Northwest Animal Hospital, at a veterinarian other than Northwest Animal Hospital, I will assume full financial responsibility myself.

3. Abandoned Pets: _____Initials

Pets which are left 3 days beyond their specified discharge date without notification of Northwest Animal Hospital staff shall be considered abandoned and shall become the property of Northwest Animal Hospital. Northwest Animal Hospital will make reasonable efforts to contact the owner regarding their responsibilities financially for services provided and for their wishes concerning the care of their previously owned animal. If we are unable to contact you, Northwest Animal Hospital will make arrangements for placement or humane care including possible euthanasia if necessary. By initialing, you agree to be responsible for all fees incurred including administrative costs incurred by Northwest Animal Hospital and reasonable attorney fees necessary to collect the account.

4. Doggie Daycare/Contact with Other Pets: _____Initials

If you enroll your dog in doggie daycare, they will have close contact with other dogs during playtime. To enter this program, all dogs must pass a non-aggression test. If however, a dog acts out of character or unpredictably and my dog is injured, I agree not to hold Northwest Animal Hospital agents or staff liable in any way for these unforeseen acts. If injury occurs, the Northwest Animal Hospital staff will attempt to contact me. If they are unable to contact me for whatever reason, I authorize medical or surgical treatment if needed to provide for the safety and comfort of my dog and agree to pay for any fees which may result.

5. Outdoor Exercise Play Yard: _____Initials

If you enroll your dog in our personal one on one play activity and exercise program they receive off lead playtime in our secure outdoor play area. If you believe that your dog may scale an 8' fence, please advise our kennel attendants.

6. Boarding Consent: _____Initials

I have read and understand the above listed requirements. I acknowledge that Northwest Animal Hospital Boarding Kennel is not staffed 24 hours a day. I understand that reasonable precautions will be used against injury, escape or death and that Northwest Animal Hospital and its staff will not be held liable provided reasonable care and precautions are followed.

Signature of Owner or Agent

Emergency Contact Phone Number

Date

Northwest Animal Hospital and Pet Care Center
Boarding Agreement
General Care and Instructions

Owner's Name _____ Pet's Name: 1. _____ (dog/cat)
 Check In Date: _____ Check Out Date: _____ 2. _____ (dog/cat)
 3. _____ (dog/cat)
 4. _____ (dog/cat)
 5. _____ (dog/cat)

Care Instructions

Will your pet require medications while boarding? _____ Yes _____ No

PET'S NAME	MEDICATION	DOSAGE	INSTRUCTIONS

Does your pet require special diet* or feeding instructions? _____ Feed Kennel Diet to all pets
 *Special Diet provided by owner

PET'S NAME	FOOD	AMOUNT FED	TIMES PER DAY

 Signature of Owner or Agent

 Date