



Boarding Contract

Name: _____ Patient Name : _____ Owner

Drop-Off Date : _____ Pick-Up Date: _____ Total Number of Nights: _____

Boarding Requirements

For the health and protection of your pet, as well as the pets around them, all vaccinations and an intestinal parasite test must be current. Please provide the date that the vaccines were given, or initial the line marked "please give".

Vaccine requirements are as follows:

Canine

Rabies w/in 3 yr. _____ date given _____ please give
Bordetella w/in 1 yr. _____ date given _____ please give
DA2P-Parvo w/in 1 yr. _____ date given _____ please give
Fecal Test w/in 1 yr. _____ date given _____ please give

Feline

Rabies w/in 3 yr. _____ date given _____ please give
Feline FVRCP w/in 1 yr. _____ date given _____ please give
Feline Leukemia w/in 1 yr. _____ date given _____ please give
Fecal Test w/in 1 yr. _____ date given _____ please give

*** Note:** If vaccinations were given at another hospital/clinic, proof must be provided in the form of: vaccination records, itemized invoice, or we may call the hospital/clinic for you to receive records via fax. If proof cannot be provided, pets will be examined and updated on vaccinations and required tests at the owners cost. If an intestinal parasite test is performed, and results are positive, pets will be treated at the owners cost.

**** Please note that any pet dropped off for boarding with fleas and/or ticks will be treated at the owner's cost.**

Boarding Options

Dogs boarded for 5 nights or more will receive a complimentary bath. However, you may request that your pet receive a bath if boarding less than 5 nights. Charges will vary depending on the species of your pet. Please initial below if you would like for your pet to be bathed before going home.

_____ please bathe

*** Note:** Please call before picking up to insure that your pet is bathed and dry.

Additional Services:

_____ Toe nail trim _____ Groom (By appointment) _____ Microchip
Implantation _____ Heartworm test
_____ Clean Ears _____ Other

Please describe other services you wish to be performed while boarding:

Special Instructions

Please list any special requirements for your pet (ex. Medications, diet, etc.):

Belongings

Please list any belongings that you plan to leave with your pet (ex. Food, collar/leash, blanket, etc.):

***Note:** The staff of Richter Animal Hospital will take care of your belongings to the best of our ability; however, we cannot be responsible for the loss or destruction of belongings left with your pet. Pets will be provided with clean linens at all times.

Emergency Instructions

In the case of an unforeseen medical emergency, the staff and/or veterinarian(s) of Richter Animal Hospital will make every effort to reach you. However, if you cannot be reached to approve treatment:

- Please provide whatever treatment is necessary for the wellbeing of my pet.
- Please do not provide treatment without my approval.

Emergency Contact Numbers

[] - _____ [] - _____

[] - _____ [] - _____

I have read, fully understand and agree with, the contents of this boarding agreement.

Signature Owner/Responsible Party

Date