

Year \_\_\_\_\_

**Boarding Agreement for Alamance Veterinary Hospital**

Owner's/Agent's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Dates/Initial: \_\_\_\_\_

**Vaccines**

In order to board your pet all vaccines must be current (Rabies, DHPPC or FVRCP, and Bordetella for dogs). You must provide documentation that verifies current vaccinations, or your pet must be vaccinated before boarding. This is for your pet's protection as well s for the protection of all other animals in this facility. Physical examination must be done prior to administration of DHPPC(dogs) or FVRCP(cats) and prior to all vaccines.

**Diet/Medication**

We will be pleased to feed a prescription diet or another preferred diet of your choice if you provide the food. If your pet requires medication we have trained staff that can administer it. If necessary, we will fill or refill medication during the time your pet is boarded. Fees for medication will be added to your bill. Please provide instructions if medication or special diet is required: \_\_\_\_\_

**Statement of Kennel Policy**

1. One full day's board is charged each day the animal is in our facility.
2. Every animal boarding in our facility is administered a Capstar tablet to help maintain a flea-free facility. This tablet is provided at time of drop off at no extra charge.
3. Pets should be picked up during office hours Monday through Friday 9:00 a.m. until 6:00 p.m. and Saturdays from 9:00 a.m. until 12:00 p.m.
4. Personal items may be left at your own risk. We are not responsible for loss or damage.
5. Alamance Veterinary Hospital cannot guarantee the health of any animal. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, fatigue, rough coat, kennel cough, upper respiratory infection, and diarrhea.
6. Should the pet(s) identified on this record become ill and I cannot be reached immediately, I request that Alamance Veterinary Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$ \_\_\_\_\_. The staff at this veterinary facility are authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I agree to make complete payment to Alamance Veterinary Hospital at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the address on file, my pet will be considered abandoned and will be handled in accordance with North Carolina state law, and that doing so does not relieve me of my financial obligations.

**I have read the above and I am in full agreement.**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact & Number

Revised 12/31/07