

Non-Veterinary Client Boarding Agreement & Requirements

Dear Pet Parent, We take pride in treating every one of our pet resort guests as though he/she is our very own. Your sweet family member will be in the best of hands with our exceptional and compassionate staff!

Enjoy your trip! Dr. Beth and Dr. Liane

Pet Parents: _____	Pet's Name: _____
Address: _____	Breed: _____ Age: _____ Sex: _____
Phone: _____ Alt: _____	Weight: _____ Known Allergies: _____
Email: _____	
Check-in Date: _____ Time: _____	Check-out Date: _____ Time: _____
Medications: _____	Feeding: _____
Belongings: _____	Special Instructions: _____

All resort forms must be completed and submitted along with a current copy of your pet's complete veterinary records for a resort reservation to be made _____ INITIAL HERE

All resort guests are required to be up to date on their 6 month veterinary exam and vaccinations prior to boarding which includes: _____ INITIAL HERE

For dogs: Exam, Fecal & Bordetella every 6 months, Rabies, DA2PP, annual Heartworm Test, Heartworm preventative, Leptospirosis (4 way), Influenza, and flea/tick preventative

For cats: Exam & Fecal every 6 months, Rabies, FVRCP, Feline Leukemia if Outdoor or lives with outdoor kitty, and flea preventative

I agree to pay the posted boarding and service rates. I understand there is a \$5 a day fee for guests who are unaltered and 12 months or older. If my pet requires special care, I authorize PPAH to provide that care and agree to pay for services rendered. _____ INITIAL HERE

(If Applicable) I understand that my dogs are significantly different sizes, but I would still like them to Board and/or Play together.(circle all that apply) _____ INITIAL HERE

Non-veterinary clients prepay for their pet's stay at the time the reservation is made. This fee includes your pet's room during their stay. This deposit is 100% refundable if the reservation is cancelled at least 72 hours prior to the check-in date. _____ INITIAL HERE

Check in/out hours:

Monday, Wednesday 7am-6pm
Tuesday, Thursday, Friday 7am-7pm
Saturday 8am-12pm
Sunday 4pm-6pm

Any pets that are picked up late without notice will be charged \$20.

We offer emergency drop-off/pick up times outside of these hours for a \$40 fee including the price of boarding for the next regularly available pickup/drop off time.

This service needs to be pre-arranged with our staff. _____ INITIAL HERE

For Sunday night 4-6pm pick-ups, client is charged for Sunday night. Therefore, it is the same price to pick up Sunday evening or Monday morning. _____ INITIAL HERE

Holiday Policy

No pick-ups or Drop-offs available on Thanksgiving Day, Christmas Day, or New Year's Day. Holiday rates apply during peak boarding periods. See our Resort Menu for details.

There is a minimum 3 night stay for all non-client resort reservations for the following Holidays: Thanksgiving, Christmas, New Year's, Easter, Spring Break, Memorial Day, 4th of July, and Labor Day.

Questions

- 1. Which heartworm preventative does your pet receive? _____ How often? _____
- 2. Which flea/tick preventative does your pet receive? _____ How often? _____
- 3. Does your pet have any special needs, require chronic care for an illness, or have any injuries or physical ailments we should know about? Yes ___ No ___
If yes, please explain: _____
- 4. If more than 1 guest boarding, will your pets eat well when separated? Yes ___ No ___

Medications dispensed while boarding start from \$2/day for 2 meds.

Services

All guests receive a blanket or towel and have access to approved toys, unless guest is destructive. If personal belongings are soiled there is a \$3 laundry fee per item washed. Please check below:

- _____ My pet can have toys and a towel or blanket
- _____ No toys, towels, or blankets for my pet

Spa Services :

Bath___, Nail Trim___, Ear Cleaning___, Anal Glands___, Teeth Brushed___, Sanitary Trim___, Brush Out ___

Fun Services!!!

Mix services to provide your pet with extra fun during his/her stay! Guests staying 4 or more nights receive either a complimentary Exercise & Playtime or Preening. Guests staying 10 nights or more receive a free bath.

- Yes___ No___ Preening 5 minutes of being brushed \$4 x___Days (Cats & Dogs)
- Yes___ No___ Snuggle Love 15 minutes \$9 x___Days (Cats & Dogs)
- Yes___ No___ Exercise & Playtime 1-4 hours \$9.50 x___Days (Dogs)
- Yes___ No___ Kitty Fun Session 10 minutes play & at least an hour out of condo \$10 x___Days
- Yes___ No___ Bed Rental: (Small \$5, Medium \$6, Large 10\$ (for 5 day rental) No laundry fees!
- Yes___ No___ Yoga Mat Rental (To prevent slipping) \$4 x___Mats
- Yes___ No___ Personal 15 minute Ball Fetching \$9 x___Days
- Yes___ No___ Personal 20 minute Hike \$15 x___Days
- Yes___ No___ Dog Park Romp 20 minutes \$15 x___Days
- Yes___ No___ Doggie Daycare all day Play \$15 x___Days & Non-patient Doggie Daycare \$18 x___ Day
- Yes___ No___ Additional Potty Walk \$4 x___Days
- Yes___ No___ Kong Stuffed w Peanut Butter \$4.20 x___Days
- Yes___ No___ Picture/Video Update \$2 x___ Days

Emergency Contact: (Other than legal Pet Parent Already Listed on Account)

Name: _____ Relation: _____

Phone number: _____ Email: _____

PAWS
ANIMAL HOSPITAL

I, _____ entrust Pampered Paws Animal Hospital (PPAH) to care for my pet(s) _____, beginning on _____, 20____. This agreement will remain in effect until further notice, and I agree to all the terms listed below.

I have notified PPAH of any health conditions, behavioral issues, or any other conditions that could affect the care of my pet.

I agree to pay the posted boarding and service rates. I understand there is a \$5 a day fee for guests who are unaltered and 12 months or older. If my pet requires special care, I authorize PPAH to provide that care and agree to pay for services rendered.

I understand that I will be notified of any major concerns for my pet's (pets') health prior to treatment being given. However, in the event that I am unreachable, and my pet requires emergency care, I authorize PPAH to do whatever our doctor deems necessary for the health and well-being of my pet. I agree to pay for any and all expenses relating to my pet's health. _____ INITIAL HERE

For minor issues such as diarrhea or an ear infection requiring an exam and medication, would you also like to be contacted? yes/no If yes, via email or phone? _____

I understand that PPAH monitors urine output, bowel movements, and appetite very closely. If my animal's appetite is not normal, PPAH will try to entice my pet to eat by offering canned food, and I will be charged for that food accordingly. _____ INITIAL HERE

I understand that if my pet arrives at PPAH with fleas or ticks, my pet will be treated accordingly at my expense.

I understand that I am financially responsible for any damages that my above-mentioned pets may cause while they are guests at the resort. PPAH is not responsible for lost or damaged personal items left with my pets. PPAH encourages bed rental and the use of our toys to prevent personal items from being damaged, lost or destroyed. PPAH does not recommend rope toys, rawhides or bones of any kind. If bones are brought for a guest they will not be given.

I grant Pampered Paws Animal Hospital and Pet Resort permission to take photographs of my pet and/or myself, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my pet's name and/or my name. Yes____ No____ _____ INITIAL HERE

I understand that if I do not pick up my pet within 10 days of the scheduled departure date that my pet (s) will be considered abandoned. Notice in writing will be sent by registered mail to the address on my account, and no further action from PPAH will be required. I will still be responsible for any charges accrued during my pet's stay.

I understand that my pet(s) may become ill while staying at PPAH Resort, much like a child going to daycare. PPAH Resort will not be held responsible for any illness contracted during my pet(s) stay. Examples include: Pre-existing health conditions, newly acquired gastric upset, obstruction, Gastric Dilatation-Volvulus (bloat) or other GI issues, acquired respiratory infection, and/or injury.

I have read the above statements and understand and agree to its terms and conditions. I also verify that the contact information I have given is accurate and up to date.

Pet Parent
Signature: _____
Printed Name: _____

Date: _____
Phone: _____