

Cerbat Cliffs Animal Hospital Boarding Contract

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Please read and initial or complete each section. Cerbat Cliffs Animal Hospital is hereafter referred to as CCAH.

1. HOURS/FEES: _____ (initials)

All pets must be admitted or discharged during regular business hours (M-F 7:30am to 6:00pm and Saturday 8:30am to 12:00pm). All fees for boarding and services are due in full at the time of boarding.

2. VACCINATIONS/PARASITES: _____ (initials)

All pets must be current on their vaccinations. If the vaccinations were not administered by CCAH, written proof must be provided proving vaccination by a licensed veterinarian. For boarding purposes, dogs require DA2PPL, Rabies and Bordetella. Cats require FVRCP, Rabies and Bordetella. Additionally, if fleas, ticks or gastrointestinal parasites are detected at any time during your pet's stay with us, they will be treated with an appropriate parasite control product at the owner's expense.

3. MEDICATIONS: _____ (initials)

Any medications or supplements that are to be administered to your pet during their stay with us must be brought in the original container(S) with legible directions and prescription information.

4. EMERGENCY/MEDICAL ILLNESS: _____ (initials)

All kennels, cages and runs are cleaned and disinfected twice daily, and all pets will be fed according to the owner's instructions. CCAH will not be responsible for any illnesses or medical conditions incurred during or after boarding in our facility. Appropriate care will be taken to protect and isolate your pet, however the cost and responsibility for any illnesses or medical conditions will be incurred by the owner. Every effort will be made to contact the owner, at the provided emergency contact number(s), in the event of an emergency medical situation. However, if we are unable to contact you and your pet requires immediate treatment for their comfort and/or safety, such care will be provided. It is explicitly understood that costs incurred for any medical treatment including procedures or medications administered by the veterinarians at CCAH during boarding will be the responsibility of the owner. If your pet has a known pre-existing medical condition that CCAH is unaware of, please provide a detailed medical history and/or copies of medical records at the time of boarding.

5. PERSONAL ITEMS: _____ (initials)

Please label or otherwise identify any personal items, including food, toys, blankets, pads etc. While we will use the utmost care with your pet's belongings, CCAH will not be responsible for the destruction or loss of any personal items during your pet's stay with us. CCAH does provide beds, blankets, pads and toys for your pet's use during his/her stay with us.

6. ABANDONMENT: _____ (initials)

Pets that are left for thirty days beyond their specified discharge without notification of CCAH shall be considered abandoned and shall become the property of CCAH. CCAH will make reasonable efforts to contact the owner regarding their financial responsibilities for services provided. If CCAH is unable to contact you, we will make arrangements for humane placement or euthanasia, if necessary. By initialing, you agree to be responsible for all fees incurred including administrative costs incurred by CCAH and reasonable attorney's fees necessary to collect upon the account.

I understand and agree to the above conditions set forth by Cerbat Cliffs Animal Hospital regarding the care, boarding and treatment of my animal(s).

Signature of Owner/Agent

Emergency Contact Phone Number(s)

Date

Cerbat Cliffs Animal Hospital Boarding Care and Instructions

Owner's Name _____ Pet's Name & Description 1. _____

Check in Date: _____ Check Out Date: _____ 2. _____

3. _____

4. _____

Will your pet require medication while boarding? Yes No

PET'S NAME	MEDICATION	DOSAGE	INSTRUCTIONS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Does your pet require a special diet (provided by owner) or special feeding instructions? Yes No
(If no, an appropriate high quality feeding regimen will be provided for all pets.)

PET'S NAME	FOOD	AMOUNT FED	TIMES PER DAY
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PLEASE DESCRIBE ANY OTHER PERSONAL ITEMS THAT YOU HAVE LEFT WITH YOUR PET (i.e. toys, bedding)

IF YOU WOULD LIKE YOUR PET BATHED OR GROOMED WHILE BOARDING AND DO NOT YET HAVE AN APPOINTMENT, PLEASE INFORM A RECEPTIONIST SO THAT WE MAY BEST ACCOMMODATE YOUR PET.

Printed name of owner/agent **Signature of owner/agent** **Date**