

BOARDING AGREEMENT FOR WESTSIDE ANIMAL CLINIC

NAME _____ PET(S) _____

EMERGENCY CONTACT INFORMATION- please provide a number where you can be reached and an alternate; in case you cannot be contacted.

Name _____ Phone # _____

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- ❖ Boarding is charged by the nights spent in the kennel. Check out time is 12:00 noon. After that, another day will be charged.
- ❖ Pets receiving medications will be charged \$2.00 daily if the medication is provided by the owner. Medication given 4 or more times daily will have an additional charge.
- ❖ Pets requiring special attention during their stay (i.e. Diabetics, epileptics, surgical or illness recovery, paralyzed pets) will be charged the med/post surgical care fee rather than the boarding fee.
- ❖ Pets may only be discharged during normal business hours Monday thru Saturday. No discharges on Sunday.
- ❖ The hospital does not accept responsibility for personal items left. These items are easily lost. All patients are provided towels or blankets for bedding.
- ❖ All pets boarding must be current on vaccinations.
- ❖ If internal or external parasites are found during their stay they will be treated appropriately.
- ❖ All dogs will be bathed prior to discharge. This is complementary if the animal has boarded for 3 or more days.
- ❖ I understand that if I fail to pick up my pet(s) within 10 days of notification my pet(s) will be considered "abandoned" and will be handled in accordance with Oklahoma State Law, and that doing so does not relieve me of any financial obligations.
- ❖ In the event your pet becomes ill during his/her stay and you cannot be contacted; your pet will receive diagnostics and therapeutics deemed appropriate by the veterinarian. Every effort will be made to contact you prior to and during treatment. Do not exceed \$ _____

I have read and understand the above boarding guidelines. I accept full financial responsibility for all charges related to the treatment of my pet.

Owners Signature _____ **Date** _____

Admitting personnel to fill out below:

Medical condition(s): _____

Personal Items: _____

Medications (own) (hosp): _____

Special dietary requirements: _____

Parasite Control: _____
