



ANIMAL MEDICAL WEST BOARDING CONTRACT

Client's Name: _____ Date _____

Pet Name: _____ Pet Name: _____

Pet Name: _____ Pet Name: _____

Drop-Off Date: _____ Pick-Up Date: _____

Emergency contact and Phone # or E-mail: _____

We provide Hill's Science Diet sensitive stomach dry food at no additional cost while boarding. **Any canned food or prescription diet offered will be an additional charge.**

Feeding instructions: _____

In the event food provided runs out, how should the kennel staff proceed? Does your pet have any known allergies? _____

Please inform us of any medications or supplements brought and instructions for administering in the spaces provided:

Medication #1 _____ Start? _____

Medication #2 _____ Start? _____

Medication #3 _____ Start? _____

Medication #4 _____ Start? _____

**Please be advised that there is an additional charge for food that requires cooking or reheating in addition to feeding more than three times daily. Additionally, administering 3 or more medications a day is subject to an additional fee. Dogs sharing a run may also be subject to an additional charge by night if we must separate due to aggression or having to monitor while eating.

Fleas X Please acknowledge that your pet is up-to-date on flea prevention as a requirement to board. If prevention is due or fleas are found on pet, then **prevention will be applied at owner's expense.**

Items X Please acknowledge that Animal Medical West cannot be held responsible for personal items left with your pet. Please list these items in the space provided: _____

Play x Initial here if you authorize supervised play with other dogs while boarding. If yes, please be aware that only spayed/neutered dogs are allowed in group play and can be excluded at the discretion of the boarding staff due to any signs of aggression. By agreeing, you accept all risks of and responsibility for injuries that might be incurred during play.

Does your pet have any special instructions or chronic medical conditions? If YES, please describe: _____

Would you like your pet to be groomed before leaving? Grooming requested: _____ Pickup: _____

Pets may become ill while boarding, in addition, but not limited to exposure to communicable diseases. We will make every effort to contact you should your pet become ill or injured while boarding, however you are responsible for any charges incurred while treating your pet and agree to hold the staff of Animal Medical West harmless from expenses incurred. Please sign below acknowledging that you are familiar with these boarding policies, accepting all risks and responsibility for any costs incurred while your pet is under the care of Animal Medical West:

x Client signature: _____