

Boarding Check-In Information

Employee's initials filling out report _____ (This sections to be filled out by PMC employee)

Dog/Cat _____

*Caution: ___yes ___no

Sex: _____

Age: _____

I.D.# _____

Pets must be current on vaccines

Date of last vaccinations:

Bord. _____

Rabies _____

DHPP _____

FeLV _____

Rabies _____

RCP _____

(This section to be filled out by Owner - PLEASE PRINT)

Owner _____

Arrival time _____ Date _____ Departure time _____ Date _____

To avoid another day of boarding charges, all pet(s) must be picked up by 12-noon on Departure Date

Emergency Contact _____

Phone _____

Name & number of place Owner is staying at _____

Groom before going home? Yes _____ No _____ (arrange with groomer before)

Grooming Instructions _____

Health Problems? Yes _____ No _____ Allergies? Yes _____ No _____

If yes to either of above questions please specify _____

Food Instructions _____

Special Instructions/Medications _____

What is the medication for? _____

Items brought in with dog (be specific and itemize each item) _____

Notes: _____

I _____ grant *Pet Medical Center* full power of decision concerning the care and well being of our pet(s) _____. Should any medical condition arise, it is agreed that *Pet Medical Center* can and will make any needed decision concerning medical treatment and choice of caregiver, up to \$ _____ amount.

Signed _____

Date: _____

AUTHORIZATION FOR EMERGENCY CARE TREATMENT

In the event that I or my emergency contact cannot be reached, I _____ grant PET MEDICAL CENTER AND SPA full power of decision concerning the care and well being of my pet(s) _____. Should any medical condition arise, it is agreed that PET MEDICAL CENTER AND SPA will make any needed decision regarding treatment which may include transport of my pet by PET MEDICAL CENTER AND SPA staff to VETERINARY EMERGENCY SERVICES. I AUTHORIZE VETERINARY EMERGENCY SERVICES OR PET MEDICAL CENTER AND SPA TO TREAT MY PET UP TO \$ _____ ON THE FOLLOWING:

- () An imprint of a valid credit card number
- () A signed CareCredit billing slip.

X _____ Date
Please sign indicating your have read the above.

LOSS OF PROPERTY WAIVER

PET MEDICAL CENTER AND SPA is not responsible for personal articles such as, but not limited to, collars, leashes, toys, bedding and carriers. Although every effort will be made to care for these items, if any item is left with your pet during boarding, they are left at your own risk.

X _____ Date
Please sign indicating your have read the above.

SHARED ACCOMODATION WAIVER

I voluntarily request that PET MEDICAL CENTER AND SPA board my pets in the same run or kennel. I understand this to mean that the animals will be housed together in the confines of the requested accommodation for the duration of their stay, unless problems arise.

I hereby voluntarily release PET MEDICAL CENTER AND SPA, its staff and agents from any and all responsibility or liability arising from injury or damage inflicted by one of my pets on another during their stay.

I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by PET MEDICAL CENTER AND SPA for treatment of the said injuries or damage.

I understand that in the event of aggressive behavior directed against one of my pets by another that the pets will be separated and housed individually for the remainder of their stay. I also understand that I am responsible for any additional boarding charges that may apply under those circumstances.

X _____ Date
Please sign indicating your have read the above.

GENERAL POLICY: It is the policy of PET MEDICAL CENTER AND SPA ("PET MEDICAL CENTER") to offer conscientious, affectionate and individual care of each animal left in our trust. We will provide clean, sanitary and safe quarters.

BOARDING CHARGES: Charges apply per calendar day. There is a charge for the day of entry and for the day of exit if stay is past 12:00PM. All pets will be entered and released only during regular business hours.

BATHING: All pets must enter clean, free of fleas and internal parasites. Pets must be on veterinarian provided topical flea prevention (e.g. Advantage, Frontline, Revolution.) If a pet enters in a condition needing treatment, PET MEDICAL CENTER will apply protective measures at my expense.

VACCINATIONS: To insure the protection of all animals under our care and to prevent the spread of infectious disease, boarded animals must be current on all vaccines. **PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION.**

DOGS:	DUE	CURRENT	CATS:	DUE	CURRENT
DA2PP-CVK	___	___	FVRCP	___	___
BORDETELLA	___	___			
RABIES	___	___			

I give permission for PET MEDICAL CENTER Staff to administer my pet's vaccinations in accordance with the above policy at my expense.

LIMITATION OF LIABILITY: PET MEDICAL CENTER cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. By signing below, I agree to hold PET MEDICAL CENTER harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection and diarrhea. Further, I agree to hold PET MEDICAL CENTER harmless for any loss, disease or injury to persons, property or other pets caused by my pet or inflicted on my pet by another boarded animal.

PAYMENT OF FEES: I UNDERSTAND THAT ALL CHARGES ARE DUE AND PAYABLE UPON MY PET'S DISCHARGE.

CONTINUING AGREEMENT: I agree that by executing this AGREEMENT, the provisions hereof constitute a continuing agreement between PET MEDICAL CENTER and me for any subsequent boarding of my pets.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE POLICY.

DATE

PET OWNER/AGENT SIGNATURE

EMERGENCY PHONE NUMBER