

BOARDING CHECK-IN INFORMATION

Pet(s) Names _____

Owner(s) _____ / Number(s) _____

Emergency contact(s) _____ / Number(s) _____

Your pet's veterinarian _____

Is your pet on medication? If so, please list prescription name/dosage/diagnosis _____

Does your pet have allergies? If so, please explain _____

Food instructions (please include amount fed per feeding, how often you feed, and brand if food is in an unmarked container) _____

Items brought for pet(s) (please be sure everything is labeled with pet's name) _____

Anything special we need to know about your pet(s) (afraid of men, food aggressive, jumps fences) _____

Please sign the below waiver if you have pets sharing a kennel.

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 _____
Please sign indicating you have read the above

Date

In the event that I or my emergency contact can not 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(s) by PET MEDICAL CENTER AND SPA staff to FRESNO VETERINARY SPECIALTY AND EMERGENCY CENTER (FVSEC). I grant PET MEDICAL CENTER AND SPA or FVSEC to treat my pet(s) up to \$ _____ on the credit card copy on file.

X _____
Please sign indicating you have read the above statement

Date

PET MEDICAL CENTER AND SPA BOARDING POLICY AGREEMENT

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 applied per night. All pets will be checked-in and checked-out only during regular business hours.

Entrance Requirements: All pets must enter clean, free of fleas, and intestinal parasites. Pets must be on a veterinarian provided monthly flea prevention (e.g. Advantage, K9 Advantix, Advantage Multi, Comfortis, Frontline Plus, Revolution, or Sentinel). If a pet enters in a condition needing either flea or tick prevention, 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. Owners must submit written verification from a veterinarian that their animal(s) have been vaccinated. Dogs: DHPP, Rabies, and Bordetella (given within the past six months) – Cats: Rabies and RCP. **PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION - NO PROOF = NO ADMISSION.**

Puppy/Kitten Waiver: The risks associated with boarding my pet that has not completed their veterinarian recommended vaccination series, have been explained to me and I still choose to board my pet at PET MEDICAL CENTER.

Spa Care Release: If I choose to add on the additional “spa care service” to my pet(s) stay, I authorize the PET MEDICAL CENTER staff to take my pet(s) for walks outside. Signing below 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.

Your Agent: You must provide an alternative/emergency contact (“Your Agent”) that you authorize us to contact in the event that you are unreachable. You agree that your agent has your full authority to make all decisions, including, but not limited to: expenditure of funds and veterinary treatments and/or procedures. In the event that another person is to pick up your pet, please provide us with their name and number(s). We require that all charges be paid for at the time of check-in if someone else will be picking up your pet(s).

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, diarrhea, vomiting, and intestinal parasites (including Giardia). 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. For animals sharing a kennel, please sign the Shared Accommodation Waiver.

Payment of Fees: I understand that all charges are due and payable upon my pet’s discharge. A deposit may be required for an extended stay prior to or during my pet’s reservation.

Holidays: A deposit of the first night’s charges of your pet(s) holiday stay is required at the time the reservation is made. If you are unable to keep your reservation, the deposit will be returned to you only if another family books the kennel(s) you had reserved.

Loss of Property Waiver: PET MEDICAL CENTER 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. Items will be removed if they become soiled or your pet(s) begin to destroy them.

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 pet(s).

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

Pet owner/agent signature

Pet owner/agent print name

Date