

Boarding Agreement for the Animal Hospital of Mebane

Owner's / Agents Name _____ **Pet's Name** _____

Dates of boarding: _____ **Optional Services While Boarding (please circle)**

Bath (\$15- \$ 25) Please allow a noon pickup time for animals to dry after bathing **Nail Trim (\$10.00)**

Vaccines

In order to board you pet, **all vaccines must be current (Rabies, DHPPC, Bordatella, (for dogs) and Rabies, FVRCCP (for cats).** You must provide documentation that verifies current vaccinations, or your pet must be vaccinated before boarding. This is for your pet's protection as well as for the protection of all other animals in this facility. Physical exams must be done prior to the administration of the vaccines and are at the owner's expense. *****If fleas are present on your pet, a capstar will be administered at the owner's expense.*****

Diet/ Medication: PLEASE NOTE ANY EXISTING OR PREEXISTING CONDITIONS WITH YOUR PET

We will be pleased to feed a prescription diet or another preferred diet of our choice if you provide the food. Our trained staff can administer medication, if your pet requires it. Fees for medications will be added to your bill. Please provide instructions if medication or special diet is required:

Statement of Kennel Policy: Please pick up your pet after 9 am. This is to ensure they are clean, fed, and walked before they are discharged. AHM does not assume any responsibility for pets picked up before 9 am.

*Personal items may be left at your own risk. We are not responsible for loss or damage.

*Every animal boarding in our facility will be inspected for fleas and ticks. Proper medication will be applied to your pet at the owners expense if fleas and/or ticks are found to help keep the hospital from becoming infested.

*One full day's boarding is charged each night the animal is in our facility. A half day boarding fee will only be applied if the animal is picked up after 12 noon.

*Should the pet (s) identified on this record become ill and I cannot be reached immediately, I request the Animal Hospital of Mebane provide all medical/ surgical treatment it deems necessary , with fees not to exceed \$_____. The staff at this veterinary facility are authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I agree to make complete payment to the Animal Hospital of Mebane at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the address on file, my pet will be considered abandoned and will be handled in accordance with North Carolina state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Agent

Date

Emergency Contact & Number

