

BOARDING AGREEMENT



PET NAME

DATE IN

LAST NAME

DATE OUT

Emergency Contacts

NAME

PHONE

NAME

PHONE

Is The Animal Hospital of Roxbury your current veterinary care provider? ☐ YES ☐ NO

If you answered no, please supply your veterinarian's information in case of emergency.

VETERINARY CLINIC

PHONE

Please tell us how you care for your pet.

FEEDING INSTRUCTIONS

How much?

How many times per day?

Did you bring your own food? ☐ YES ☐ NO

MEDICATIONS

Medication Name

Dosage

Instructions

CAN YOUR PET HAVE BEDDING OR BLANKETS? ☐ YES ☐ NO

ARE THERE ANY HEALTH CONCERNS OR BEHAVIORAL ISSUES WE SHOULD BE AWARE OF?

Has your pet ever exhibited aggressive behavior towards people or other animals? ☐ YES ☐ NO

If yes, please explain

DATE OF FORM COMPLETION

INITIAL

POLICY & DISCLAIMER



The Animal Hospital of Roxbury pledges to give appropriate care to all boarded pets. I < _____> < _____> will not hold The Animal Hospital of Roxbury responsible for conditions that are often unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, fleas, ticks, hot spots (pyoderma), otitis, conjunctivitis, cough, bloat, diarrhea, canine influenza, parvo, chewing and/or eating parts of beds, blankets, toys, seizures and sudden death. I acknowledge that in the event of my pet's illness, the staff at The Animal Hospital of Roxbury may not be able to immediately contact me and is therefore authorized to initiate appropriate treatment of my pet(s) until I am available to discuss further care and costs with Dr. Elia. I agree to be solely responsible for the payment of all medical bills associated with your pet(s) in the event of an emergency.

I certify that my pet(s) appear to be free from contagious diseases, including external parasites and has/have not bitten anyone within the last 10 days. I understand that if my pets have been found to have external parasites, they will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccinations and have provided written documentation of same. If on entry my pet is found not to be current on required vaccinations, I authorize The Animal Hospital of Roxbury to examine, and administer the required vaccine(s).

The Animal Hospital of Roxbury is not responsible for loss or damage to any personal items belonging to your pet. **Do not bring toys, blankets, beds, etc. that are valuable or irreplaceable.** I understand that I may be held financially liable for any extensive damage my pet may cause due to destructible behavior.

I understand that I will be charged the day of entry regardless of time of entry. I understand that I will be called when my pet is ready after the bath/grooming services. This is not usually before 12 noon unless prior arrangements have been made.

I understand that The Animal Hospital of Roxbury is to use all reasonable precautions against injury, illness, escape or death. This facility will not be held liable for any issues that arise as long as all reasonable care and precautions are followed.

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

SIGNATURE	DATE
PRINTED NAME	