



# Boarding Agreement

## Contact Information

Owner Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

## Pet Information

Type of Pet

Dog  Cat

Sex

Male  Female

Spayed/Neutered

Yes  No

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### Belongings

Leash: \_\_\_\_\_ Others: \_\_\_\_\_

Collar: \_\_\_\_\_

### Feeding Instructions

Food Options:  Own Food  In-House Food Food Brand: \_\_\_\_\_

AM Feeding Details \_\_\_\_\_

PM Feeding Details \_\_\_\_\_

### Medication List and Instructions

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_

### Check In / Check Out

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Check Out Time:  7am-12pm  12pm-7pm  Sunday 12pm-2pm

### Check Out Services Optional

- Own Food   
  Bath   
  Vaccines (\$43 Exam Fee Required)   
  Anal Gland Expressed  
 Ear Cleaning   
  Nail Trim   
  Teeth Brushed   
  Grooming



Regardless of the time your pet is dropped off, there **is** a charge for that day.

If picking up **before** 12 noon, there is no charge for that day of boarding. If picking up any time **after** 12 noon, an additional day of boarding charges will be added to your bill. There is **always** a boarding charge for Sunday.

All animals must be current on all vaccines. **Proof of vaccines is required.** Canine - DHPP, Rabies, Influenza and 6 month Bordatella. Feline - FVRCP and Rabies

All animals boarding with us must be free of fleas. Any fleas found on animal at time of check-in will be treated with a topical and oral flea treatment at owner's expense.

I understand and will not hold responsible Kyle Veterinary Hospital for any lost/damaged items including but not limited to leash, collar, bedding, food, toys, etc, or any medical problems that may arise.

While boarding my pet(s), I understand that I will be billed for all approved medical care at the hospital's customary rates. This includes any medications needed, treatment of diarrhea, any surgeries performed, etc.

I understand that any unforeseen problems that develop while I am absent and my pet is in your care will be treated as deemed best by the staff and veterinarians, and I assume full responsibility for the expense of treatment.

I understand that all charges for veterinary and boarding services will be **payable in full** at time of pet(s) check-out. If someone other than client is picking up pet(s), **boarding must be pre-paid.**

I have read and understand Kyle Veterinary Hospital's Financial Policy

Owner Print Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for bringing your pet to Kyle Veterinary Hospital. We hope you are pleased with our services and facilities and would appreciate you letting us know how we may better serve you.