

**BOARDING AGREEMENT
MIDDLETOWN VETERINARY HOSPITAL
366 WARWICK RD.
MIDDLETOWN, DE 19709
(302) 378-2342**

Date of Drop Off: _____

Date of Pick up: _____

Owner: _____

Cell Phone Number: _____

Pet's name(s) _____

Email Address _____

Do you want your pets boarded in the same run (If you have more then 1 pet)? Y N Can your pet's eat together? Y N

Splash & Play Swim Session (\$10/session) Y N How many sessions? _____ Is your pet scheduled for a Suite? Y N

Train & Stay Session (\$40/session or package deal of 6 for \$200) Y N How many sessions? _____

Person(s) to contact in case of emergency and Phone number _____

Playtime \$7/session (circle one) once a day twice a day none every other day Can your pets play together Y N

Has your pet had their flea/tick preventative this month? Date _____ Name of product _____ Fecal Y N (\$28)

Would you like us to apply a flea/tick preventative? Y N Would you like your pet examined? Y N Reason _____

Bath Y N (\$23) (This does not include brush out but if you would like one then select groom) **EXCLUDES CATS**

Nail Trim Y N (\$9)

Groom Y N (starts at \$55, By Appointment Only)

Is your pet spayed or neutered? Y N If not spayed, when was the last heat cycle? _____

Special instructions - Include **feeding instructions**, medications, and anything you would like the doctor to check.

Please DO NOT put any of your pet's medications in with their food. Medications need to come in original bottles.

Please List Belongings You Have Brought (Beds, Blankets, Toys, Etc.) PLEASE DESCRIBE:

Has your pet showed any symptoms of coughing or sneezing in the past 7 days? Y N

We have been seeing many cases of Upper Respiratory Infections in this area. This can be spread from a healthy dog/cat not showing any symptoms. Unfortunately if your dog/cat does start coughing/sneezing, you are responsible for the cost of the medications. Please be aware of cough like symptoms or sneezing and let us know if this develops with your pet.

PLEASE READ CAREFULLY:

For maximum protection we require Rabies, Bordetella, Bivalent Flu, and DHPP vaccinations and recommend the vaccines to be administered at least 5 days prior to boarding, if unable to provide proof of vaccination with a vaccine certificate or if vaccines are not up-to-date we will update the pet(s) vaccines at the owner's expense.

Additionally if any fleas/ticks are observed on the pets(s) while boarding they will be given an application of a flea/tick preventative at the owner's expense.

We will not be responsible for any lost or damaged belongings. Please do not leave any toys or beds that you do not want to get damaged. We will do our best to prevent this, but dogs may act differently here then they do at home and may urinate/defecate on their beds or chew their toys. If your pet's bed is unable to fit into your washer at home then please do not bring it because we will not be able to wash the bed.

BEDDING: PLEASE READ AND SIGN

For the comfort of your pet, bedding can be used for your pet's boarding stay. Please understand that pets sometimes behave differently while boarding than at home. If you have provided bedding or would like the boarding team to use their bedding, you assume all risks. This includes any lost, ripped, or chewed bedding. By signing below you also acknowledge that if your pet were to chew and ingest some or part of bedding causing your pet to become sick, or require a life threatening intestinal surgery to remove the bedding, you assume all risks and financial responsibility as well.

Will your pet chew bedding? Y N Owner's Signature: _____

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will attempt to contact you or your emergency contact at the number listed above regarding your pet's symptoms, treatment options, and estimate of additional costs. **However, if your pet develops common symptoms of diarrhea or vomiting due to stress or change of diet while boarding we will treat the animal.** Most treatments for these symptoms are inexpensive, but if there are other treatments that are necessary we will attempt to contact you first. Please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical conditions.

(CHECK ONE)

_____ Please perform whatever service the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective and necessary diagnostics.

_____ I authorize up to \$_____ in medical care for my pet until someone can be reached.

_____ Do not administer any medical treatment until specific authorization is given.

Any medical treatment that is needed for injuries that occur as a result of more than one pet in a run/playtime or injuries to themselves due to separation anxiety will be at the expense of the pet's owner. Please be aware that animals kenneled can become scared and can hurt themselves or other pets as a result. For example some pets can become food aggressive with other animals, if you are aware of this please inform our kennel staff, so we do not feed your dogs together. We do our best to prevent this, but if injury occurs the pet owner is responsible for the costs. We will treat injuries as needed regardless of what is checked above.

Check Out Procedures:

There is no charge for pets picked up before 11AM on the day of departure. There will be a full days boarding charge for any pets picked up anytime after 11AM. On Sundays there will be no early check out available. You may pick up your pet between 4-8PM Sunday evening. **Please be aware that you will be charged for Sunday whether your pet is picked up Sunday evening or Monday morning.** If your pet is receiving a bath while boarding it will be given on the day of departure, please pick up your pet after 2 pm Mon-Sat, if receiving a bath. You will not be charged a board fee for that day **EXCEPT FOR SUNDAYS.**

Suite prices will no longer include a BATH. You will not be charged for the day of pick up if you elect to get a bath for \$23.

HOURS: MON 8AM- 8 PM
TUES 8 AM- 8 PM
WED 8 AM- 8 PM
THURS 8 AM- 8PM
FRI 8 AM- 8 PM
SAT 8 AM - 4 PM
SUN 4 PM-8 PM

PRICES: Board fee 1 dog \$21/day
2nd dog same run \$16/day
2nd dog different run \$19/day
Suite with webcam \$49/day per dog
Suite w/out webcam \$39/day per dog
Cattery 1 cat \$16/day
2nd cat same condo \$13/day
2nd cat different condo \$14/day

*There is a charge if you bring your own food and it is NOT prepackaged- \$2/day per animal

*Medication fee is \$3/ day per animal

Financial Arrangements:

I certify that I am the legal owner of the pet(s) being boarded. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release. I understand that payment can be made in the form of cash, check, MC, Visa, or Discover. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change, I will notify Middletown Veterinary Hospital of a new pick up date and will pay in full the charges that were incurred at that time. I understand that if no notification of a delay is given, my pet will be considered abandoned after 3 days and will become property of Middletown Veterinary Hospital. I understand that my pet will be cared for in a conscientious and loving manner and be housed in a sanitary and properly enclosed facility. Therefore, I will not hold Middletown Veterinary Hospital responsible if my pet is lost, stolen, becomes ill or dies in their custody.

My signature certifies that I have read, understood, and agree to all the provisions herein concerning my pet being cared for at Middletown Veterinary Hospital.

Signature

Date signed

Do you give permission for Middletown Vet to photograph your pet and possibly use it on our facebook or website?

Y

N

Initials: _____

I have been give a copy of the boarding pick-up hours/URI info, upon check- in

Initials: _____