

Client # _____

Boarding Policy & Agreement

Pet Care Associates
5250 Hog Mountain Road
Flowery Branch Georgia 30542

Tel: 770-965-3773

Fax: 770-965-3147

Owner's Name _____ Contact # (____) _____

Pet's Name(s) _____ Sex (M/F) Altered (Y/N) Breed/Color _____ Wt. _____

_____ Sex (M/F) Altered (Y/N) Breed/Color _____ Wt. _____

Boarding Dates: From _____ To _____ (pick-ups during normal business hours only)

Feeding Instructions: () Brought Food () Feed Kennel Food () AM () PM

Other feeding instructions or specials instructions that need to be know: _____

Personal items brought: (List ALL items) _____

Medication instructions / if any (Please be specific) _____

Additional Requirements:

(1) All boarded pets are to be current on the following vaccinations: DOGS: *Distemper, Parvo, Corona, Rabies, and Bordetella (a.k.a. Kennel Cough- every 6 months)*. CATS: *Feline Distemper (FVR), Chlamydia, Calicivirus and Rabies*. We also require all animals to be current on heartworm prevention and or an intestinal parasite check.

****If proof of all vaccinations is not available, vaccinations will be administered at the Owner's expense on the first day of boarding. (Prepayment may be required for vaccinations.)**

(2) In order to maintain a healthy environment, all boarded pets must be free from ticks and fleas. To accomplish this we require your pet(s) be currently treated with a product approved by our clinic.

(3) If your pet is on a prescription diet (Hill's k/d, r/d, etc) and do not supply the food, you will be charged for the food that we supply your pet. Diets may be substituted or altered at the attending veterinarian's discretion if the animal is not eating normally.

(4) *Pet Care Associates* is **not responsible** for loss or damage to any personal items brought from home. Please label ALL items with the pets first and last name!

(5) It is agreed that pets boarded together will be separated in the event they show signs of aggressiveness toward one another or sickness, and separate boarding fees will be charged from that time forward.

(6) Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address available. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as the hospital deems best. It is further understood that such action will not relieve me from paying all costs of the services, including boarding fees.

(7) In the event that your pet becomes aggressive/unmanageable by out trained staff, you will be responsible for the fees associated with aggressive handling (**up to \$30 per day**) in addition to boarding, in order for us to properly care for your pet.

(8) In case of injury or illness I (the under signed) give my authorization and consent for the doctors of the hospital to treat, prescribe for, or operate upon my pet(s) as the attending veterinarian deems best while they are being boarded at our facility.

If you would like us to attempt to contact you, Please leave a number at which you can be reached. In the event of disastrous circumstances that require immediate evacuation of your animal(s). The contact information for authorized party to take custody of my animal(s) is/are _____ /phone # _____

I am the owner of the above listed animal(s) and I assume all responsibility for all charges incurred in the care of this animal(s). I hereby agree to all the above terms and understand fully the requirements listed above. I understand that payment is due at the time services are rendered.

Owner Signature _____ Date _____