

MAPLEBROOK PET CARE CENTER CLIENT BOARDING AGREEMENT FORM

Date:

Owner Name:

Pet Name:

Boarding dates: Date in _____ Date out _____

STATEMENT OF BOARDING POLICY:

- Pets may be picked up and dropped off during regular business hours, which are Mon- Fri: 7:30am – 6:00pm and Sat: 7:30am- 1:00pm
- **I am aware that this boarding facility does not have 24-hour supervision.** Doctors are available during regular business hours; however we do not guarantee that a Veterinarian will be available on Sundays and/or Holidays
- I understand that personal items may be left with my pet at my own risk. Maplebrook Pet Care Center will not be held responsible for loss/damage.
- Maplebrook Pet Care Center cannot guarantee the health of any animal, but pledges to give appropriate care to all boarding pets. "I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, external parasites, upper respiratory infection & diarrhea."

EMERGENCY TREATMENT OPTIONS:

"Should my pet become ill or injured, I authorize Maplebrook Pet Care Center to do the following:" (**please check one**)

_____ Please contact me prior to any treatment of my pet. (If we are unable to reach you, basic treatment will be provided as necessary.)

_____ I authorize treatment of my pet up to \$ _____ w/o contacting me

_____ I authorize any treatment without contacting me.

BOARDING CHARGE PER NIGHT:

DOGS: \$47.00 PER NIGHT

CATS: \$34.50 PER NIGHT

DIABETIC CARE:

This additional charge includes administering insulin and monitoring closely to ensure pet is eating, drinking, acting normally.

DIABETIC BOARDING CARE: ADDITIONAL \$47.00 PER NIGHT

VACCINES/INTESTINAL PARASITES:

Pets must be current on the following vaccinations:

DOGS: DHPP, RABIES, BORDETELLA CATS: PRC, RABIES

All pets must also have a negative intestinal parasite exam performed in the last 6 months. We must have documentation of current vaccines and negative fecal results.

PLEASE INITIAL ANY EXTRA SERVICES REQUESTED FOR YOUR PET:

_____ ADDITIONAL LET OUT (\$16.00/day)

How many days total during stay? _____

_____ NAIL TRIM DOGS LEVEL 1-(\$28.00) NAIL TRIM DOGS LEVEL 2*- (\$46.00)

_____ NAIL TRIM CATS- (\$27.00) *Client will be notified prior to level 2

Additional services? (must be preapproved & charges may apply) YES _____ NO _____

What services are needed? _____

MEDICATIONS/SUPPLEMENTS:

We will gladly make certain your pet receives his/her medication or supplements while boarding. The daily charge for this is: (\$9.50)

For all medications we **MUST** have them in the original container with the prescription label from the prescribing veterinarian and we **MUST** administer all medications according to the directions on the label. ****If your vet has adjusted your pet's dose, we will need to have a correct prescription from the DVM with the current directions.**

Please list all medications and supplements with fill instructions:

Medication (Including strength & form)	Directions	How to administer

****In the event that your pet needs a medication three times per day or every 8 hours, there may be insufficient time during our business hours to follow the dosing schedule. If this is the case, your DVM may adjust the dosing by sending us a new prescription with directions. If we do not have this information from your DVM, one of our DVMs will evaluate the medication and give specific directions for dosing times.**

PERSONAL BELONGINGS:

Please list any other items you are leaving with us, such as bedding, toys, food, etc: (please be aware that any items that could be a potential choking hazard may not be given to your pet, at the hospital's discretion). *Maplebrook Pet Care Center is not responsible for loss or damage to personal items.*

TREATS:

From Home: Type: _____
Times a day: 1x 2x 3x No treats

DIET:

We recommend that you bring your pet's regular food as abrupt food changes may result in vomiting and diarrhea in some pets.

From Home: Type: _____ Maplebrook: IAMS Dry
Times a day: 1x 2x 3x
How Much: _____

YOU ARE WELCOME TO PREPAY AT THE TIME OF DROP OFF, HOWEVER PAYMENT IN FULL IS REQUIRED AT TIME OF PICK-UP

I have read this agreement and understand its terms and sign it freely.

SIGNATURE OF CLIENT/AGENT _____
DATE _____

MY EMERGENCY NUMBER(S) _____

Checked in by _____ (staff initials) Charges in Avimark _____ Time _____ Charges checked by _____