

Annual Boarding Agreement



Owner First and Last name _____

Pet's name _____

This form must be filled out by all clients before their pet(s) may be admitted to our boarding facilities. You will need to fill this form out annually unless our boarding or day care policies change prior.

Our Staff will do everything possible to ensure that your pet's boarding/day care experience is a great one but there are inherent risks associated with boarding and day care that all pet owners need to understand and accept. **Your signature below indicates that you have read and agree to our policies and the following waiver.**

I understand that any pet I bring for boarding or day care must have records of current Dhpp/Rabies/Bordetella Vaccinations for dogs and FVRCP/Rabies for cats; free of any apparent infectious diseases and in good health. I agree to inform East/West Ridge Animal Hospitals if the health status of my pet changes during the coverage term of this agreement.

East & West Ridge Animal Hospitals shall exercise all reasonable precautions against illness, injury, escape, accidents or death of pet. The owner further agrees to be solely responsible for any and all acts of behavior by pet(s) and will inform staff of any personality problems the pet(s) may have. Should an emergency arise; Owner authorizes attending veterinarian to perform such procedures as may be necessary for the health of the pet(s) until owner can be notified. **Emergency Phone(s)** _____

Current Veterinarian _____

Vaccine Dates: DHPP _____ **Bordetella** _____ **Rabies** _____ **FVRCP (cats)** _____

Check-out time is 3pm. We will gladly prepare a written estimate if you desire. (please ask boarding attendant). Unless prior arrangements have been made, **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Cash, Check, MasterCard, Visa, Discover, American Express and Care Credit. There will be a \$25.00 service charge for any check returned unpaid or credit card declined. Accounts over 30 days are subject to a 21% APR or \$5.00 monthly billing fee, whichever is greater.

Signature of Owner _____ **Date** _____