

Pet Boarding Agreement



Chastain Veterinary Medical Group
www.chastainvets.info

Pet(s): _____ PT ID: _____
Color: _____ Gender(s): _____ Breed: _____ Species: _____
Owner: _____ Client ID: _____
Address: _____
Check In Date: _____ Check Out Date: _____ am/pm for Total Nights: _____

Meadow Brook Animal Hospital
1400 S. Custer
McKinney, Texas
75070
Phone: 972 529-5033

MEDICAL BOARDING? Yes/No

Special Dietary needs (If any):

Preston Road Animal Hospital
6060 LBJ Freeway
Dallas, Texas 75240
Phone: 972 239-1309

ACCOMODATIONS

Accommodations include lodging in a specially designed concrete or stainless steel enclosure or exercise run. Pets are fed once or twice a day with a high quality food appropriate for the pet's species. Owner-provided foods can also be fed, if desired. Fresh water will be available at all times and your pet's quarters will be cleaned and sanitized daily, or as often as needed. Dogs boarding at our Meadow Brook facility receive two complimentary outdoor walks per day at no additional charge, weather permitting. Additional walks are available for a small, additional fee.

PREMIUM PET BOARDING SERVICES

You may request special services for your pet while he or she is in our care. A few of the more commonly requested special services are listed below. To select one of these special services, simply check the corresponding box and initial to the right.

Service Approximate Additional Fee

- | | |
|--|------------------|
| • Extra Walk-N-Play (Meadow Brook Only) \$ 4.59 ea. | Authorize: _____ |
| • Extra Plush Comfort Cushion \$ 2.55 / day | Authorize: _____ |
| • Daily Pet Snacks \$ 1.53/ day | Authorize: _____ |
| • Medication Administration \$ 1.75 -3.69/ day | Authorize: _____ |
| • Individual Play Time \$ 5.61/ day | Authorize: _____ |
| • Kennel Bath -cost varies by species, weight, & coat | Authorize: _____ |
| • Nail Trim \$ 0.00 | Authorize: _____ |
| • Professional Pet Grooming – cost varies by breed, size, coat | Authorize: _____ |

KENNEL POLICIES

1. Boarding fees are calculated per night.
2. All dogs and cats are assessed a First Day Set-up Fee (\$4.25) for provision of initial food & water containers, cage liner (if appropriate), & Capstar™ (nitenpyram) flea control treatment.
3. Pets can be checked-in and checked-out during regular business hours only. We're sorry; we cannot accommodate release of boarding pets after our regular business hours.
4. Personal pet items may be left at your own risk. We're sorry; we cannot accept responsibility for loss of, or damage to, pet personal items such as toys, blankets, food containers, etc.
5. All dogs, cats & ferrets admitted for boarding must be free of internal or external parasites and have up-to-date immunizations against rabies, distemper, bordatella, and feline herpes virus, as is appropriate for their species and state of health.
6. The Doctors and Staff of Chastain Veterinary Medical Group cannot guarantee the health of any boarding animal, but we do pledge to give appropriate care and attention to all boarded pets.

Best Owner Contact
Phone Numbers(s):

Checked in by:

UNDERSTANDINGS AND AGREEMENTS

I agree to make complete payment to Chastain Veterinary Medical Group (CVMG) at Meadow Brook Animal Hospital or Preston Road Animal Hospital, for all services rendered, to my pet, at the time of pet release or check-out.

I understand and agree that if I fail to pick up my pet up within twelve (12) days of notification to the above address above, then CVMG may consider my pet to be abandoned and handle its final disposition in whatever manner the veterinarians there deem appropriate, consistent with the law. I understand that abandoning a pet does not relieve me of my financial obligations.

Boarding Risks: I understand that certain animal health conditions are unpredictable or unavoidable in boarding environments, including, but not limited to, the following: over-exertion, fatigue, reduced sleep, anxiety, stress and stress-related illnesses, weight loss, hoarseness of voice, kennel cough, upper respiratory infection, bronchitis, diarrhea, rough hair coat, hair loss, feather loss, feather damage, tail injury, diarrhea, cuts and lacerations, tooth injury, flea or tick infestation, and escape. Therefore, I request that CVMG take all reasonable steps to prevent the development of such problems in my pet while he or she is boarding. However, recognizing that it is not possible to avoid all risk, I agree that I will not hold CVMG responsible for any such problems or illnesses which may arise out of my pet's stay at the hospital.

Emergency/Illness: Should the pets identified on this record become ill or experience an accident, injury, or emergency, I request that Chastain Veterinary Medical Group at Meadow Brook Animal Hospital or Preston Road Animal Hospital provide all medical and surgical treatment it deems necessary and I agree to pay for any such emergency treatment. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and fees with the attending veterinarian.

Vaccinations and Parasite Control: In order to help prevent the spread of infectious and parasitic diseases among pets within the facility, I authorize the administration of the minimum standard vaccinations, if due or overdue, and any internal or external parasite control treatments as may be deemed necessary and desirable in the exercise of the attending veterinarian's professional judgment.

I acknowledge that it is my responsibility to provide proof of prior vaccination at the time of pet check in, if vaccinations were obtained elsewhere.

I certify that I have read the above and foregoing Boarding Admission Agreement and that I understand the contents and meaning of this document. I certify that I am over 18 years of age and I am the owner of the above described pet, or the owner's legal representative, or that I am duly authorized by the owner to act as his/her general agent to execute this document and accept its terms.

 Signature of Owner, Legal Representative, or Agent Date

	Reminders	
Address Confirmed?	Yes	No
Contact Number?	Yes	No
Immunizations Current?	Yes	No: Update: _____
Is the dog, cat, or ferret on heartworm preventative?	Yes	No
Date of last fecal parasite exam:	_____	
Any accident, illness, or injury in the last 30 days?	No	Yes
If boarding multiple pets from the same household, can they be safely housed together?	Yes	No
Accessories (toys, blanket, food, meds, etc):		