**Pet Hotel Boarding Contract**

#### **Client Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_
Primary Phone (during boarding): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary Email (during boarding): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact #1 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact #2 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\*Two emergency contacts are required.

#### **Pet Information**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Age: \_\_\_\_\_\_\_ Sex: ☐ Spayed Female ☐ Neutered Male ☐ Unspayed Female ☐ Unneutered Male
Color/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Consent and Acknowledgment**

I, the undersigned, hereby acknowledge and agree to the following terms and conditions:

**1. Authorization to Board and Care for My Pet**☐ I am the owner or authorized agent for the pet described above and have the authority to execute this consent. I understand, that in case of emergency, should I be unable to be reached, I authorize either emergency contact above to execute consent for treatment of my pet.

**2. Pick-Up and Extended Boarding**☐ I agree to pick up my pet at the scheduled pick-up time or notify Bradford Hills Veterinary Hospital if I need to extend the boarding period.

**3. Medications**☐ I have provided the correct medications/supplements along with their correct dosage, frequency, and last given times. I understand that staff will not accept or administer any medication or supplements that are not in their *original labeled container(s)*.

**4. Health and Safety Acknowledgment**☐ I understand that Bradford Hills Veterinary Hospital will take reasonable precautions to prevent illness, injury, or escape of my pet. However, I acknowledge that issues such as stress or behavior problems may arise during boarding.

**5. Emergency Medical Care**☐ In case of an emergency, I authorize Bradford Hills Veterinary Hospital to perform necessary medical treatments and procedures. I accept responsibility for any associated costs.

**6. Aggression Statement**☐ I certify that my pet has not shown any aggressive behavior towards humans or animals.

**7. Fecal Exam & Parasite Screening**☐ My pet has had a negative fecal exam within the last 6 months and has not tested positive for intestinal parasites in the last 14 days. My pet is currently on flea/tick/parasite prevention. I consent to my pet being treated for fleas/ticks/parasites if found, and I accept financial responsibility for any such treatments.

**8. Vaccine Certification**☐ My pet is up to date on required vaccines (listed below).
 **Canine:** DHPP, Rabies, Bordetella, Canine Influenza
 **Feline:** FVRCP, Rabies
 **Ferret:** Rabies
I understand if my pet is not medically able to be vaccinated (proof provided) that it will be boarded in isolation. I understand if my pet is diagnosed with any of the above medical conditions they cannot be boarded.

**9. Release of Liability**☐ I release Bradford Hills Veterinary Hospital and Pet Hotel from any liability arising from boarding services or treatments provided. I understand that I am financially responsible for all services rendered, including unforeseen medical needs.

**10. Payment Agreement**☐ I agree to pay in full on the day of pickup.

### **Signatures**

**Owner’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_

**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_

**This contract is binding through the end of 2025. At the start of 2026, a new contract must be executed.**