

## Pet Hotel Boarding Contract

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### 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.*

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### Pet Information

Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: ☐ Spayed Female ☐ Neutered Male ☐ Unspayed Female ☐ Unneutered Male

Color/Markings: \_\_\_\_\_

Patient ID: \_\_\_\_\_

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### 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.

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### 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.**