



Caregiver's initials _____

Boarding Contract

Owner agrees to: Ensure their pet(s) is current on required vaccinations and free from external parasites prior to boarding or these will be corrected and fees for procedures will be charged accordingly (payment due at time of dismissal). By signing this form, you are allowing Village Veterinary Medical Center (VVMC) to provide necessary medical care in the case of an emergency or to prevent transmission of parasites, virus, or infection if we are unable to contact the responsible party. Although VVMC does everything possible to prevent transmission of infectious disease (i.e. kennel cough), we cannot be responsible should illness occur.

Drop off Date: _____ **Pickup Date:** _____ **Approx. pick up time:** _____

Client Name: _____ **Pet Name:** _____

Special Instructions/Services/Medical Conditions/Allergies: _____

Medications or Supplements (use reverse if more space is needed)
(Medication administration fee is \$3.25 per day, per pet; not per medication)

1. _____ Dose: _____

Directions: _____

2. _____ Dose: _____

Directions: _____

3. _____ Dose: _____

Directions: _____

4. _____ Dose: _____

Directions: _____

Feeding Instructions:

Own food Brand/Type: _____

VVMC Food Amount/ Frequency: _____

Emergency Contact

Responsible Party: _____

Phone: _____

Email: _____

Emergency and Medical Treatment Authorization

I understand that while Village Veterinary Medical Center takes all reasonable steps to avoid communicable diseases, there is still a small risk of acquiring a communicable disease while boarding. In the event my pet(s) contract such a disease while boarding, I assume all the risks and accept the responsibility for the costs of all treatments. I further agree to hold the owners and staff of Village Veterinary Medical Center harmless from expenses incurred for such treatment.

I understand and agree that if the need arises, emergency medical treatment for my pet will be provided by the doctor(s) and staff of Village Veterinary Medical Center and I agree to pay all reasonable costs associated with such treatment.

I understand that someone from Village Veterinary Medical Center will attempt to notify me at the phone number(s) I provide and that if I, or my agents, cannot be reached in a reasonable amount of time, I authorize the doctor of this facility to make all medical decisions for my pet.

Signature: _____ Phone #: _____ Date: _____

OWNER'S PROPERTY

Please check everything you are dropping off. All items must be labeled. We cannot be responsible for lost or damaged items.

Carrier Bedding Leash

Description: _____

Would you like your pet to receive a bath with free nail trim on the day of dismissal?

- Yes (If so, please pick up after noon on the day of departure)
- No

Would you like your pet's anal glands expressed?

- Yes No

Costs:

Bath 0-50 lbs = \$35.75 Anal Gland Expression = \$16.50
Bath 51+ lbs = \$41.75 Nail Trim without bath = \$17.75
Ancillary Services = \$5.25 Daily Medication fee = \$3.25

Would you like text or email updates during your pet's stay?

- Yes, please send updates to: (Phone or Email)

- No, I do not want any updates sent to me.