

Boarding Agreement

**THE ANIMAL HOUSE PET BOARDING
AT THE ANIMAL HOSPITAL OF THE ROCKIES, LLC**

453 Pine River Lane P.O. Box 2897
Estes Park, Colorado 80517
(970) 586-4703



Today's Date: _____ Date of Pick Up: _____ AM PM

Owner: _____

<u>PETS' NAMES</u>	<u>Bath (extra charge)</u>		<u>Medications</u>		<u>Special Diet</u>	
	Y	N	Y	N	Y	N
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency: _____

Emergency telephone numbers: _____

Pet belongings: _____

SPECIAL INSTRUCTIONS (include medication instructions, feeding instructions, anything that you want the veterinarian to check while your pet stays with us, etc): _____

VACCINATION POLICY

To insure the protection of all pets under our care, we require written proof of the following vaccinations. Please include dates given:

DOGS: _____ Rabies (1-3 yr) _____ DA2PP+C (1-3 yr) _____ Bordetella (within 6 months)

CATS: _____ Rabies (1-3 yr) _____ FVRCP (1-3 yr)

If not current, or if I cannot provide proof of vaccination, I give permission to update my pet(s) vaccinations in accordance with hospital policy and I, the Owner, will be responsible for any and all charges. In addition, if any fleas or ticks are observed on my pet(s), he/she will be given a flea/tick bath at my expense.

PLAYTIME

- My pet plays well with others and I would like him/her to have the opportunity to play with other pets. I recognize that there are potential risks involved in such interactions and hold the staff and the Animal Hospital of the Rockies LLC free of any and all liability.
- My pet does not play well with others and would prefer not to have playtime shared with others.

TWO PETS BOARDING TOGETHER

I authorize Animal Hospital of the Rockies LLC and the Animal House Pet Boarding to board my pets together and request that they share a kennel run. Any injuries that may arise will be treated by a veterinarian and I will be responsible for any and all charges.

MEDICAL TREATMENT POLICY

If my pet becomes ill or if the state of the animal's health otherwise requires professional attention, Animal Hospital of the Rockies LLC, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by me, the Owner. This includes diarrhea, vomiting, coughing, and any other illness or injury.

IN CASE OF DEATH

In the unlikely event that my pet should pass away during his/her stay, I understand that the staff will make every effort to reach me. If I cannot be reached, I authorize the following in regards to my pet's remains: _____

ABANDONMENT

I fully intend to pickup my pet(s) on the date specified. I will notify staff of any new pickup date. If there is no contact from the Owner within 10 days after the scheduled pickup date, said pet(s) will become the property of Animal Hospital of the Rockies LLC. Thus all rights to the pet, including disposition, become the rights of said hospital. Notice will be given by certified mail to the Owner's last known address, according to our records, at least ten days prior to such action being taken. Owner remains responsible for any and all charges incurred during the pet's stay.

