



633 Hope Street • Stamford, CT 06907 • Tel: (203) 817-0440 • Fax: (203) 817-0441

BOARDING AGREEMENT, CONSENT AND INSTRUCTIONS

Today's Date: _____ Client's Name: _____ Pet's Name: _____
Check-in Date: _____ Check-in Time: _____ Check-out Date: _____ Check-out Time: _____
Emergency Phone Number (Required): _____ E-mail Address: _____

Requirements

I have provided all relevant and requested documentation that my pet meets the requirements listed below in order to be eligible for boarding at your facility. If I have not provided this documentation by check-in time, I authorize Stamford Veterinary Center to update my pet's vaccinations and I agree that the charges for the examination and vaccinations will be added to my account and that I am responsible for any and all such charges. I acknowledge and agree that if for whatever reason I am unable to pick-up my pet on the scheduled check-out date, the pet's owner must call in advance or be subject to an extended stay/no notification fee of double the nightly cost of accommodations, including medications and special that the owner requested (or that we subsequently determined is necessary) for that day. Check-out time is 2:00 p.m., after which you will be charged a full day of boarding.

INITIAL: ALL PRICING HAS BEEN DISCLOSED TO ME:

Vaccination Requirements

Dogs	Cats
Rabies; DA2PP (canine distemper/parvo) (1 or 3 year)	Rabies; FVRCP (feline distemper) (1 or 3 year)
Bordetella (kennel cough) within the last six (6) months	Negative fecal exam within the last six (6) months
Negative fecal exam within the last six (6) months	Monthly Flea and Tick Control (e.g., Frontline)
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Medications

Additional charges apply to administering oral, injectable and transdermal medications. List any instructions for dispensing, and the last time your pet was given the medication. If multiple pets are listed, please indicate which pets require medications, and the relevant dispensing instructions. **(Please note that we cannot accept loose tablets or capsules; all medication must be in their original container with the original label showing the prescriber's information.)** _____

Special Diets

There is no additional charge for feeding special diets. Special diets **must** be pre-packaged and labeled. (If multiple pets are listed, please indicate which pets require special diets, and the relevant feeding instructions.)

Play Time

Dogs at My Pet Lodge enjoy Play Time at least three (3) times per day with dogs of similar age, size and temperament. Aggressive dogs, and dogs that are not neutered or spayed, will require individual Play Time at the prevailing daily rate. In addition, aggressive dogs and dogs with medical needs will be subject to a daily Special Handling Fee, which has been disclosed to me. **Please answer the following: Is your dog aggressive with other dogs and/or people? YES NO**

Please initial one of the following: GROUP PLAY: **INDIVIDUAL PLAY:**

Grooming

While my pet is boarding, I would like her/him to be bathed or groomed for an additional charge. **I WANT MY PET TO BE BATHED:** **I WANT MY PET TO BE GROOMED:**

Bedding, Toys and Leashes

We provide all items necessary to make your pet's stay comfortable. If you choose to leave any of these items for your pet, we are not responsible for their damage or return. **If applicable: I am leaving _____ and I acknowledge that it/they may get lost or damaged during my pet's stay - INITIALS:**

Physical Examination of My Pet While Boarding

While my pet is boarding, I would like her/him to be examined by a veterinarian due to recently exhibited signs or symptoms. If you select this option, please initial the appropriate box below and include the information on the next page. A veterinarian or technician will contact you to discuss this further. **I WANT A PHYSICAL EXAM:** **I DO NOT WANT A PHYSICAL EXAM:**

Statement of Ownership and Consent

I hereby authorize the Hospital staff to do whatever is necessary should an emergency situation arise. If sedation is necessary for treatment or handling, I give permission to Stamford Veterinary Center to administer such medications and agree to pay all charges incurred. I am the owner of the above-described animal, or have authorization from the owner to consent to its treatment. I have read and understand all precautions, limitations and exclusions set forth in this form/agreement, and all of my questions have been fully answered and all pricing has been disclosed to me. I hereby accept all financial responsibility for any and all professional services rendered in the best interest of my pet's health. I understand that the doctors and staff of Stamford Veterinary Center will use all reasonable precautions against injury, escape or illness of my pet. However, I understand that the above may occur while caring for my pet and I will not hold Stamford Veterinary Center, its doctors and/or its staff, liable or responsible in any manner whatsoever, as it is understood and acknowledged that I assume all risks. This form/agreement is valid until such time that my pet's care instructions change, and I am responsible for notifying Stamford Veterinary Center should that occur.

Owner's Signature: _____ **Date:** _____
Witnessing Receptionist: _____ **For office use only: Client no.:** _____