

Boarding Agreement

Patient Name:	Contact Name:	Phone Number:	
Dates Boarding Arrival Date:	: Departure Date:	Estimated Time for Pick Up:	am/pm
Requirements for Boarding			
		m by a doctor at Welleby or our sister location Plan is not up to date, then an exam will be performed	
-All pets must be current on all v vaccines are not current, then th	e pet will be updated at the time of drop off a time of drop off. Pets that are too young to re	r pet's health and the health of all the other anima the owner's expense. If vaccines were performed ceive their full set of vaccinations may not be fully	at another facility,
-All pets must have a negative fe at the owner's expense & the pe	cal test for internal parasites within 6 months of the treated for parasites if necessary.	of boarding. If the pet is not up to date a fecal fest	
 All pets must be free of externamites are suspected, additional t 		he and treat your pets for these parasites at the ov	vner's expense. If
	tment and handling, Welleby has the permissic s will be required to have a bath upon discharg	on to administer medication for sedation. e at the owner's expense. See below for details	
Food, Medications & Belongi	ngs		
	itive stomachs will be provided to your pe I. Check one: Hospital Food Pe	t during their stay. If the owner prefers to brin t's own food:	g their pet's
Brand:	Amount:	Frequency:	
Food sensitivity or allergies?		If yes, please specify	
Does your pet require any me	edications or supplements while boarding	? Circle one: Yes No	
	vill be refilled at owners' expense unless o		
Name of Medication	Quantity	Frequency	
		<u> </u>	
Belongings: Any personal belongings like	heds blankets etc. are welcome to accor	npany your pet during their stay. Please be ad	vised we are not
responsible for any damages	or loss to these belongings; however, all re	easonable efforts will be made to return these	
intact. Please list items broug	tht with pet & provide a brief description (color, size, etc.)	
Walks & Playtime			
Your pet will be walked in our animal care attendant for an		alks and playtime in the enclosed area also av	ailable with an
Extra walk \$20/walk/day: Cir	cle one: Yes No If yes, your pet wi	ll be provided with ONE additional walk per d	ay

If yes, your pet will be provided with ONE play session per day

Playtime \$25/15 minute session/day: Circle one: Yes

Bathing

It is REQUIRED that all dogs receive a bath if staying in the hospital over 2 nights. Typically, baths will be given within 24 hours of the pet's departure date. If the departure date changes and less than 24 hours' notice was given, then an additional bath fee will apply. Each bath includes an ear cleaning & nail trim. If a special shampoo is required, please list below and see associated fees.

My pet is staying in the hospital for less than 2 nights and I'm requ My pet requires a special shampoo/medicated bath. Please use the	=	
Shampoo brought from home: Hospital Regular Shamp	oo: Hospital Medicated Shampoo:	
I am requesting my pets' Anal Glands to be expressed \$37, Circle	one: Yes No	
Bath K9 <25lbs: regular \$42, medicated \$65	Bath dog >100lbs: \$75, medicated \$95	
Bath K9 26-50lbs: \$48, medicated \$70		
Bath K9 51-75lb: \$58, medicated \$80	Bath Feline short hair: \$52 (not required)	
Bath dog 75-100lbs: \$68, medicated \$90	Bath Feline long hair: \$58 (not required)	
Medical Care		
Preferred Doctor: Dr / No Prefere	ence	
If preferred doctor is unavailable, another doctor will see your pet.		
Will your pet need to have a doctor address any issues during their	exam? Circle one: Yes No (If Yes, exam fee will apply)	
If Yes please explain:		
If a MINOR medical issue occurs during their stay, I authorize (initia	ıl one):	
Call to discuss any issue or treatment		
I authorize the attending veterinarian to begin treatment f	or my pet, please do not call.	
*Any MAJOR medical issues, the owner/contact person will be tele	phoned	
Social Media		
Is it ok to use your pet's photo/video on social media? Circle one:	Yes No (Your private information will never be linked to these photos)	
Please read & initial the following statements:		
accept responsibility for the cost of all treatment. I also agree to w signs of communicable disease for at least 48 hours. Although risks absence of negligence, agree to hold this facility harmless from exp	of acquiring these illnesses are small, I accept them and, in the penses incurred for treatment. ospital will follow my wishes above and I agree to pay all cost	
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Welleby Veterinary Hospital will use all reasonable precaution against injury, illness, escape, or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. If the owner/contact person cannot be reached, the attending veterinarian has my permission to take the necessary steps to diagnose and treat in accordance with current medical standards. In case of emergency or major medical issue, measures to preserve and stabilize vital function shall be taken immediately. I assume full financial responsibility for all fees associated for boarding, veterinary services and any other expenses incurred while my pet is boarded. I verify that I have read, fully understand and agree with the terms of this agreement.