

TLC Animal Hospital - Boarding Agreement

Pet Name(s): _____ **Owner Name:** _____

Anticipated Boarding Dates: ____/____/____ **through** ____/____/____

Regular Boarding: \$24 per pet per night base price

Day Boarding: \$15 per pet per day base price

TLC Animal Hospital requires proof of vaccinations by a (U.S. licensed) veterinarian which must be presented at the time your pet is dropped off. For dogs this will include bordetella (kennel cough), rabies, & DHPP. Cats are required to have rabies and FVRCP/Felovac. Cats and dogs must also have had a veterinary labeled flea and tick prevention product (i.e. Frontline, Nexgard, Advantix, Advantage, Revolution, Simparica) applied within the last 30 days, with proof of purchase presented at the time your pet is dropped off.

Your pet may have the smell of a “kennel”, and you may want us to give him/her a “kennel bath”. If you wish, we can give your pet a kennel bath on the day of pick-up for a fee of \$40. ____ **Yes** ____ **No**

For pets receiving medication, there is an additional \$5 per day fee for medication administration. ____ **Initial**

Be advised that on Sundays and holidays (Christmas, Thanksgiving, New Years, Memorial Day, Labor Day, July 4th), we will only be able to medicate your pet twice a day. Please list your pet’s medication below.

| | | | |
|----------------------|----------------|-------------|---------------|
| Medication #1: _____ | Quantity _____ | Given _____ | times per day |
| Medication #2: _____ | Quantity _____ | Given _____ | times per day |
| Medication #3: _____ | Quantity _____ | Given _____ | times per day |
| Medication #4: _____ | Quantity _____ | Given _____ | times per day |
| Medication #5: _____ | Quantity _____ | Given _____ | times per day |
| Medication #6: _____ | Quantity _____ | Given _____ | times per day |

We offer “boarding treats” that are given daily to help relieve fear and anxiety associated with being away from home. The cost for these hypoallergenic nutraceutical treats is \$2 per day (additional medication fee will not apply for these treats). ____ **Yes** ____ **No**

We also offer daily text (may include pictures) or phone updates on your pet for an additional \$5 per day.

____ **Yes** ____ **No**

Please provide the phone number and method of communication you would like us to use: ____ **Text** ____ **Call**

Phone Number _____

We strongly encourage you to bring your pet’s regular food for them to eat during their stay. Sudden diet change can cause decreased appetite, vomiting, and diarrhea. If you do not have your pet’s normal food, or if we run out of the supplied diet during your pet’s stay, we will dispense Hill’s i/d, i/d stress, or other appropriate prescription diet (ask receptionist for pricing) to help prevent GI upset. ____ **Initials**

Pet’s Normal Food (brand & formulation): _____

Quantity and frequency: _____ (cups / cans) given _____ times per day

Treats, if any: _____

If your pet's stay with us needs to be extended, please call (915) 592-6200 with the new pick-up date. If a pet is left with us for 10 days beyond their expected pick-up date without contact from their owner, we will assume they are abandoned and proceed accordingly. Balances will need to be paid at the scheduled pick up date, and every 7 days thereafter for extended stays. For boarding scheduled beyond 2 weeks, balances will need to be paid at 2 weeks, and every 7 days thereafter.

We do our very best to maintain a clean, safe, and caring environment for your pet. However, animals can become ill or injured while boarding. The most common problems are upper respiratory infections and/or diarrhea. Also, your pet may lose weight due to the stress of being away from home. Please advise us of any special needs or medical conditions your pet may have.

If my pet becomes ill or injured I give my permission for treatment as follows:

- _____ 1) Aggressive Treatment – This means the veterinarian has your permission to do whatever is deemed necessary to help your pet. I understand the charges will be due upon picking up my pet.
- _____ 2) Minimal – Necessary treatment not to exceed \$ _____
- _____ 3) No Treatment

LIFE SAVING MEASURES

We do everything possible to ensure the health and safety of your pet during their stay. However, should any complications occur, life-saving medications, procedures, or other measures may be needed. Such interventions are often required immediately before owner notification or permission can be specifically obtained. In such an event, your initials below will direct our intervention should life saving measures be needed and acknowledges your financial responsibility for this intervention.

In the event that my pet arrests (stops breathing or heart stops beating) or has a different life threatening event (such as an allergic reaction or seizure) while at TLC Animal Hospital, I authorize the following level of CPR or stabilization (please initial your choices):

_____ **Do Not Resuscitate (DNR)**

I understand that if my pet's heart stops or goes into respiratory arrest and, TLC Animal Hospital will not attempt resuscitation or any further life saving measures.

_____ **CPR – for cardiopulmonary arrest, involves chest compressions, oxygen & medications, etc.**

Having requested such emergency procedures, I agree to be held responsible for a maximum resuscitation fee of \$100.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. I agree to pay this fee in addition to fees already incurred or for other non-emergency services that may be performed in the event that my pet survives. I also agree that if TLC Animal Hospital is unable to reach me within 15 minutes after the initiation of CPR procedures, and after a veterinarian determines that further resuscitation efforts are not warranted, CPR procedures will cease.

_____ **Stabilization only - for events not involving cardiopulmonary arrest (SELECT EITHER DNR OR CPR OPTION ABOVE FOR EVENTS INVOLVING CARDIOPULMONARY ARREST)**

For events such as allergic reactions, seizures or other emergencies that do not require CPR, I authorize TLC Animal Hospital to use the treatments and diagnostics they deem necessary to stabilize my pet until I can be

reached for further directions. I agree to pay for these services in addition to fees already incurred or for other non-emergency services that may be performed in the event my pet survives.

We do not encourage you leaving important items with your pet, as they are easily lost in the kennels. If you do leave items, please be advised that we are not responsible for any lost or damaged items.

| | | |
|------------|---------------------------|------------|
| NAME | SOCIAL SECURITY | |
| ADDRESS | DRIVERS LICENSE # & STATE | |
| ZIP CODE | PLACE OF EMPLOYMENT | |
| HOME PHONE | WORK PHONE | CELL PHONE |

**** New clients and clients who we have not seen in the last 2 years must fill out above information AND leave a 50% deposit per pet.***

In case of emergencies, please contact:

_____ At _____

(If there are any special instructions please inform our staff members.)

Signature

Date