

		BOARDING CONTRACT	Drop off date:		
Pets Name: Owner's name:			Pick up date:		
			Pick up time:		
Feeding Instruct					
Please ch	noose one: H	ospital-provided Food or Food broug	ght from Home		
Please ch	neck all applica	ble entries : Dry Food only Wet foo	d only Mixed Food		
Amount/Time given	:				
TREAT INSTRUCTION		y hospital, see "A La Carte" section)			

MEDICATION INSTRUCTIONS Please note that there is a medication administration fee of \$14.50 per day.

Medication name	Dosage/Instructions	<u>.</u>	Time	When was last	
		AM	Noon	 Other:	dose given?
				 •••••	•••••

ITEMS LEFT WITH PET

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A LA CARTE SERVICES

Text photo update (or email)	D	AILY	EVERY OTHER DAY	OTHER:
Includes 1 picture	\$2.50			
	Email address/ph	none nu	mber:	
Extra 5-minute walk	D/	AILY	EVERY OTHER DAY	OTHER:
An extra walk aside from our 7am, 10am, 2 pm and 6 pm walks.	\$6.50			
Play time and Snuggles	D/	AILY	EVERY OTHER DAY	OTHER:
Play time for 10 minutes	\$17			
Play time for 20 minutes	\$32			
Treat Break	D	AILY	EVERY OTHER DAY	OTHER:
Kong Cookie Frozen yogurt treats (Watermelon Mint, Pumpkin Carrot, PB Banana, Sweet Pea Celery and Creamy Blueberry) Fish Flakes (feline)	\$6.00 \$3.25 \$6.00 \$3.25			
Spa Day				
Nail Trim Shampoo + Conditioner Brushing	0-25 lbs		26-46 lbs	46+bs
•Ear Cleaning •Anal Gland Expression •Lavender Spray	\$100		\$125	\$130
PLEASE INDICATE WHETHER YOU WOULD LIKE THE FOLLOWING:				
Seasonal framed picture - Free with purchase of ALC service - \$3.50 without ALC service ADDITIONAL SERVICES/REQUESTS		-	ort card detailin Free	ng your pet's stay
		,	1	

If you would like your pet to receive additional services while here, please list them here. This can include medical inquiries, grooming services, vaccinations, exams, etc.

Dogs					
Required	Rabies:	DAP:	Bord:	CIV:	Fecal :
Recommended	Lepto:	HW Test:	Lyme:		
Cats				_	
Required	Rabies:	RCP:	Fecal:		
Recommended	FELV:				

All required vaccinations are current, or owner has approved for their pet to receive them upon admission. Receptionist initials: _____ Admitting Kennel Technician: _____



TERMS OF BOARDING CONTRACT

The owner acknowledges that:

- Dominion Animal Hospital is <u>fully staffed</u> during the following hours:
 - Monday-Friday from 7:30am 6:00 pm
 - Saturday from 7:30am 2:00pm
- Dominion Animal Hospital is <u>staffed with only kennel employees</u> during the following hours:
 - Saturday Kennel will return at 5:00pm to care for animals.
 - Sundays at 8:00am and 5:00pm until all animals are sufficiently cared for

Doctors are available on call for the kennel staff to contact when concerned about an animal's health.

- If owner-provided instructions regarding feeding or medication are unclear or missing, the kennel tech will contact the owner to clarify what is written. If the owner cannot be reached, the feeding and medicating instructions will default to a doctor's discretion.
- They are responsible for all boarding expenses, vaccinations, and any additional veterinary services required as indicated by the pet's vaccination records, as well as those requested under "*Additional Services and Requests*". Dominion Animal Hospital is not responsible for lost or missing items during their stay. Please be sure to take this in consideration with items of value.
- They are the legal owner of the pet, and the pet has not been exposed to any contagious diseases within the last 30 days.
- Required vaccinations must be current; if they are not, they must be updated upon admission.

Dominion Animal Hospital agrees to:

- Walk each dog a minimum of four times per day using a lead, or with use of a harness if requested by owner.
- Maintain a sanitary and hygienic environment throughout the facility and per individual boarder.
- Feed boarding animals as instructed by owner with regard to frequency, amount, and type of food.
- Medicate boarding animals as directed by the owner. Any discrepancies will be resolved by the doctor and communicated to the client.
- Attend to animals as necessary to ensure their health, safety, and well-being.
- Call the owner if their pet becomes seriously ill and make every attempt to contact the listed emergency numbers. If unable to contact the owner or reach their local emergency contact person in the event that an emergency arises while your pet is in our care, please initial ONE below:

_____ I would like Dominion Animal Hospital to take all measures to keep my animal alive, including CPR and administration of emergency drugs while attempting to contact me. This will include compressions, lifesaving medications and intravenous fluids. An estimated cost is \$400-800.

_ I would like Dominion Animal Hospital to refrain from resuscitation.

Preferred method of contact: Call Text Ema	il Best number or email:
Owner Signature:	Date:
Local Emergency Contact Information:	