



BOARDING CONTRACT

Pets Name: _____

Drop off date: _____

Owner's name: _____

Pick up date: _____

FEEDING INSTRUCTIONS

Please choose one: Hospital-provided Food or Food brought from Home

Please check all applicable entries: Dry Food only Wet food only Mixed Food

Amount/Time given:

TREAT INSTRUCTIONS

OWNER PROVIDED (For treats provided by hospital, see "A La Carte" section)

MEDICATION INSTRUCTIONS

Please note that there is a medication administration fee of \$11.50 per day.

Medication name	Dosage/Instructions	Time to be given				When was last dose given?
		AM	Noon	PM	Other:	

ITEMS LEFT WITH PET

A LA CARTE SERVICES

Text photo update (or email)		DAILY	EVERY OTHER DAY	OTHER:
Includes 1 picture	\$2.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Email address/phone number:				

Extra 5-minute walk		DAILY	EVERY OTHER DAY	OTHER:
	\$6.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Treat Break		DAILY	EVERY OTHER DAY	OTHER:
Kong	\$6.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cookie	\$3.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frozen yogurt treat	\$6.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fish Flakes (feline)	\$3.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Spa Day		0-25 lbs	26-46 lbs	46+bs
•Nail Trim •Shampoo + Conditioner •Brushing				
•Ear Cleaning •Anal Gland Expression •Lavender Spray	\$96	<input type="checkbox"/>	\$119	<input type="checkbox"/>
			\$125	<input type="checkbox"/>

PLEASE INDICATE WHETHER YOU WOULD LIKE THE FOLLOWING:

Seasonal framed picture

- Free with purchase of ALC service
- \$3.50 without ALC service

Report card detailing your pet's stay

- Free

ADDITIONAL SERVICES/REQUESTS

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.

TO BE FILLED OUT BY RECEPTION - VACCINATIONS (DUE DATE)

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 fully staffed during the following hours:
 - Monday-Friday from 7:30am – 6:00 pm
 - Saturday from 7:30am – 2:00pm
- Dominion Animal Hospital is staffed with only kennel employees 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 Email Best number or email: _____

Owner Signature: _____ Date: _____

Local Emergency Contact Information: _____