

Boarding Agreement



Companion
Animal Hospital
— of Wakefield —

Pet Name: _____

Boarding Dates: From: _____

Until: _____

Estimated pick up time: _____

Feeding Instructions:

Check one:

- Hospital Food
- Own Food

Name of food: _____

Amount per feeding:

No. of cups (morning) _____

No. of cups (evening) _____

Special instructions: _____

Does your pet have food allergies?

- No
- Yes – Please List: _____

Medical Conditions:

Does your pet require medications?

- Yes – Please complete form on reverse side.
- No

Does your pet have any other allergies, medical conditions, or health concerns?

- Yes – Please explain: _____

- No

Personal Belongings: Please list personal belongings including leash and collar.

We do our best to return all items, however, Companion Animal Hospital is not responsible for lost or damaged items.

Daycamp and Playtime:

Please fill in the number of sessions your pet will enjoy during the stay with us

Daycamp: Group play under counselor supervision (9 am – 3:30 pm, Mon.-Fri.)

(Dogs only) Number of sessions: _____ (\$19.00 per day) Choose: M, T, W, Th, F

Playtime: 20 minute walk or individual outdoor play for dogs (Mon.–Fri.)

20 minute indoor playtime for cats (Mon.-Fri.)

Number of sessions: _____ (\$13.50 per session) Choose: M, T, W, Th, F

Additional Services Available (Please check all desired services)

- Bath (includes nail trim and ear cleaning) \$32.50
- Add on nail dremel with bath \$10.00
- Extra brush out with bath \$10.50
- Nail trim only \$20.00
- Nail dremel only \$28.00



Boarding Care Policies

1. **Vaccine and parasite control:** All boarding pets must be current on Rabies, Distemper, and Bordetella (dogs only). Pets must also receive monthly flea control and have tested negative for intestinal parasites within the past year. Pets that are not current will require a physical exam and vaccination in order to board with us. If intestinal or ectoparasites (fleas/ticks) are found while boarding, treatment will be performed at the owner's expense.
2. **Emergency Care:** In the event of an emergency, our doctors will do their best to contact owners prior to treatment. Necessary emergency care will be provided if the owner is unable to be contacted in a timely manner. Owner will assume financial responsibility for care received.
3. **Adverse Events:** Although we take every precaution to ensure pet health and safety, owner understands that boarding and daycamp come with inherent risks including but not limited to injury and illness. Owner also understands that this facility is not staffed overnight. In the event of an adverse event, owner does not hold Companion Animal Hospital of Wakefield responsible.

Your signature below indicates that you understand and agree to our Boarding Care Policies

Your Name (Please Print) _____ Your Signature: _____

Emergency Phone Number: _____ Email: _____

Boarding Medication Form

Please provide the following information:

Pet's Name: _____

Medication Name	Directions	Time Given	When Is the Next Dose?
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM
		AM / PM	Date: _____ AM / PM

***Medication fee of \$2.50 fee per administration (not per medication)**

***Insulin fee of \$3.50 per injection**