



Boarding Agreement

Patient Name: _____ Contact Name: _____ Phone Number: _____

Dates Boarding Arrival Date: _____ Departure Date: _____ Estimated Time for Pick Up: _____ am/pm

Requirements for Boarding

- All pets must be up to date on their physical exam. If a pet has received an exam by a doctor at Welleby or our sister location Plantation Midtown Animal Hospital, they are entitled to an exam upon intake at no charge. If a pet is not up to date, then an exam will be performed at the owners expense.
- All pets must be current on all vaccinations against contagious disease for your pet's health and the health of all the other animals in the hospital. If vaccines are not current, then the pet will be updated at the time of drop off at the owner's expense. If vaccines were performed at another facility, records must be provided by the time of drop off. Pets that are too young to receive their full set of inoculations may not be fully protected; the owner must accept any risk of infection.
- All pets must have a negative fecal test for internal parasites within 6 months of boarding. If the pet is not up to date a fecal fest will be performed at the owner's expense & pet will be treated for parasites if necessary.
- All pets must be free of external parasites. If fleas/ticks are found, we will bathe and treat your pets for these parasites at the owner's expense. If mites are suspected, additional testing will be required.
- If sedation is necessary for treatment and handling, Welleby has the permission to administer medication for sedation.

Food, Medications & Belongings

A well-balanced diet for sensitive stomachs will be provided to your pet during their stay. If the owner prefers to bring their pet's diet, that will be used instead. Check one: Hospital Food _____ Pet's own food: _____

Brand: _____ Amount: _____ Frequency: _____

Food sensitivity or allergies? Circle one: No Yes, please specify _____

Does your pet require any medications or supplements while boarding? Circle one: Yes No

If medications run out, they will be refilled at owners' expense unless directed otherwise at drop off.

Name of Medication	Quantity	Frequency

Belongings:

Any personal belongings like beds, blankets, etc are welcome to accompany your pet during their stay. Please be advised we are not responsible for any damages or loss to these belongings; however, all reasonable efforts will be made to return these items clean and intact. Please list items brought with pet & provide a brief description (color, size, etc)

Walks & Playtime

Your pet will be walked in our enclosed area THREE times daily. Extra walks and playtime in the enclosed are also available with an animal care attendant for an additional fee.

Extra walk \$10/walk/day: Circle one: Yes No If yes, your pet will be provided with ONE additional walk per day

Playtime \$10/15 minute session/day: Circle one: Yes No If yes, your pet will be provided with ONE play session per day

Bathing

It is RECOMMENDED that all dogs receive a bath during their stay. Typically, baths will be given within 24 hours of the pet's departure date. Each bath includes an ear cleaning & nail trim. If a special shampoo is required, please list below and see associated fees.

Circle one: I am APPROVING a bath I am DECLINING a bath

My pet requires a special shampoo/medicated bath. Please use the following:

Shampoo brought from home: _____ Hospital Medicated Shampoo: _____

I am requesting my pets' Anal Glands to be expressed \$22, Circle one: Yes No

Bath <25lbs: regular \$28, medicated \$37	Bath dog >100lbs: \$53, medicated \$60
Bath dog 25-65lbs: \$33, medicated \$42	Bath Feline short hair: \$36
Bath dog 66-100lbs: \$48, medicated \$58	Bath Feline long hair: \$39

Medical Care

Preferred Doctor (Circle One): Dr. Zimandy / Dr. Hausammann / Dr. Schaefer / No Preference

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 please explain: _____

If a MINOR medical issue occurs during their stay, I authorize (initial one):

_____ Call to discuss any issue or treatment

_____ I authorize the attending veterinarian to begin treatment for my pet, please do not call.

*Any MAJOR medical issues, the owner/contact person will be telephoned

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:

_____ In the event my dog contracts a communicable disease during the time he/she is attending their stay, I assume the risks and accept responsibility for the cost of all treatment. I also agree to withhold my pet from boarding until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring these illnesses are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

_____ I understand that if a medical problem is discovered, the hospital will follow my wishes above and I agree to pay all cost associated for such treatment

_____ I confirm my pet is current on a monthly flea and heartworm preventative and will continue monthly prevention. I agree to the above terms for testing and treatment.

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.

Signature of Owner/Responsible Party

Date