

## Polo Springs Veterinary Hospital Boarding Contract

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a few moments to complete this information sheet. We know that the form is quite lengthy, but the information provided will allow us to take the best possible care of your pet.

**Owner's Name** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_ **Duration of Stay-From** \_\_\_\_\_ **to** \_\_\_\_\_

**Pet's Information: Name** \_\_\_\_\_ **Dog/Cat/Other** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Date of Birth/Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Are your pet's vaccinations current? If yes, what dates were they given?** \_\_\_\_\_

**Is your pet on any parasite preventative? If yes, what is it:** \_\_\_\_\_

**Is your pet currently on any medications? If yes, please complete the following:**

**Note: There is an additional charge for administrating medications to your pet.**

Name of medication	Administration instructions	When was it last given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Does your pet have any allergies? If yes, to what?** \_\_\_\_\_

**Please complete the following feeding instructions for your pet:**

I brought my own food Name of Diet	Please feed my pet your food Amount fed	Times per day
1. _____	_____	_____
2. _____	_____	_____
<b>Treats:</b> _____	_____	_____

Note: If no special diet is provided by the owner, Polo Springs Veterinary Hospital uses a premium prescription diet. Any prescription diet requirements not provided by owner but provided by Polo Springs Veterinary Hospital shall be charged at an extra rate.

**Please list any items brought from home (treats, toys, blankets)** \_\_\_\_\_

**Has your pet ever bitten anyone? If yes, please explain the circumstances** \_\_\_\_\_

**Are there any special instructions you have for your pet? If yes, what are they** \_\_\_\_\_

**Continued on reverse side...**

**Boarding Contract Continued...**

**On the day of discharge, would you like your pet Groomed\_\_\_\_\_Bathed\_\_\_\_\_Neither\_\_\_\_\_?**

**Approximate pick up time\_\_\_\_\_** (no earlier than noon if groomed or bathed)

**Please provide instructions for grooming if applicable:\_\_\_\_\_**

**If getting groomed/bathed, please ask our coordinators for specific prices.**

I request this pet to be housed individually

(Initial)

I request this pet cohabitate with\_\_\_\_\_. (Release must be signed)  
(Pet's Name)

(Initial)

If in the event that my pet should become ill, every reasonable attempt will be made to contact me at the phone numbers I have listed, but if I cannot be contacted, I authorize Polo Springs Veterinary Hospital to provide veterinary care, to include anesthesia as necessary or in emergency circumstances, to follow through with such procedures as are necessary for the well being of my pet.

I agree to provide proof of current canine: rabies, distemper, adenovirus type 2, parainfluenza, parvovirus and bordetella vaccinations, or feline: rabies, rhinotracheitis, calici, and panleukopenia vaccinations, and give consent for Polo Springs Veterinary Hospital to contact my current veterinarian for vaccination history if I do not have records. In the event that my pet does not have current vaccinations and proof of vaccinations cannot be obtained by reasonable means, I authorize Polo Springs Veterinary Hospital to administer necessary vaccinations. To the best of my knowledge, the above listed pet has not been exposed to any infectious disease (e.g., parvo, distemper, rabies) within 30 days prior to boarding.

(Initial)

If my pet should injure itself in an escape attempt, refuse food, become ill or die while in the hospital, I will hold Polo Springs Veterinary Hospital, and it's staff, free of any responsibility and/or liability in the absence of gross negligence.

I assume financial responsibility for all services rendered and agree to pay those charges at the time of release of my pet. In the event of abandoning my pet, I authorize Polo Springs Veterinary Hospital to humanely dispose of such pet five (5) days after written notice of such abandonment to owner's address of record. I understand this action will not, however, relieve me from paying all charges rendered, and all legal and/or other costs incurred in connection with collection for services.

I understand that continuous presence of qualified personnel is not provided.

**Signature of Owner\_\_\_\_\_Date\_\_\_\_\_**

**OR**

**Signature of Responsible Agent\_\_\_\_\_Date\_\_\_\_\_**

**Signature of Witness\_\_\_\_\_Date\_\_\_\_\_**

**FOR OFFICE USE ONLY**

Did you verify: \_\_\_\_\_emergency # \_\_\_\_\_dates of stay \_\_\_\_\_vaccs \_\_\_\_\_meds \_\_\_\_\_feeding instructions \_\_\_\_\_bath  
\_\_\_\_\_ signed/initialed \_\_\_\_\_checked in \_\_\_\_\_invoiced \_\_\_\_\_chart written up \_\_\_\_\_written on board  
\_\_\_\_\_meds/vaccs/surgery written on treatment board \_\_\_\_\_belongings tagged and stored