Countryside Veterinary Clinic Boarding Agreement

We are pleased that you entrust us with your pet(s) while you are away! The following information will help ensure everything is in order for your pet’s stay.

Client Name: ___________________________ Date: _______________

Patient Name: ____________________________ Patient Name: ____________________________

Patient Name: ____________________________ Patient Name: ____________________________

Pick-up Date: ____________________________ Pick-up Time: ____________________________

Drop-off and Pick-up Times: Monday-Friday 8am-7pm. Saturday 8am-1pm. Closed Sundays and Holidays

Contact Number where you can be reached while you are away: ____________________________

Mandatory Local Emergency Contact Number: _________________________________________

Current Home Phone: __________________ Work Phone: __________________ Cell Phone: __________________

DIET

Your pet will be fed Science Diet Sensitive Stomach dry food. We also provide dry Hill’s i/d. If you would like your pet to eat a different diet, we ask that you provide your own food for the length of your pet’s boarding stay. For the safety of our staff and other boarding animals, Sensitive Stomach diet will be substituted for any raw food items.

Food: __________________ Directions: ________________________________________________

Food: __________________ Directions: ________________________________________________

MEDICATIONS

Medications for your pet(s) should be clearly labeled in its original container, if possible. Please leave detailed instructions for each individual medication below and what time the medication was last given. There is a $2 per day charge for medications/supplements or additional/special care to be administered.

Medication: ______________ Directions: ____________________________________________ Last given: __________

Medication: ______________ Directions: ____________________________________________ Last given: __________

CLEANSING BATHS (Please call our office to ensure your pet is ready to go home from their bath the day of pick up.)

We offer a complimentary bath to dogs boarding 7 nights or longer with the exception of fractious, overly distressed, heavily coated, or badly matted dogs. A complimentary bath does not include a nail trim.

If your dog is boarding less than 7 nights and you would like a bath to be given, there is an additional charge. We are not able to offer complimentary baths for cats, but can give a cleansing bath at a charge if you request.

Bath: YES / NO Date Pet(s) is to be bathed: ____________ Nail Trim: ($22 or free with paid bath): YES / NO

Please request baths to be done the day before if you are planning to pick up BEFORE 11am.

ANIMAL BEHAVIOR

To the best of your knowledge, is your pet aggressive with/under any of these circumstances? Circle all that apply.

Food/Treats Toys Territory/Cage Dogs Humans (Male? Female? Both Other: __________________

DAY BOARDING / DAY CAMP

If your pet is staying with us for day boarding for multiple days in a row in the same month, please write the date of your stay with us if NO CHANGES have occurred to your boarding agreement. We must have an up to date boarding form monthly.

Date: ___/___/____ Date: ___/___/____ Date: ___/___/____ Date: ___/___/____ Date: ___/___/____

ADDITIONAL SERVICES (We are happy to help you with other needs. Ask receptionists for costs.)

______________________________________________________________________________________________

______________________________________________________________________________________________
ANOREXIA
If your dog or cat is not eating well during their stay, we will entice them to eat by hand feeding, offering other dry or canned foods and we will contact you. We may deem it necessary to administer a safe appetite stimulant. If an appetite stimulant is needed, a charge will be added to your bill.

STRESS DIARRHEA
Sometimes your pet may experience stress diarrhea while boarding. In that instance your pet will be examined by a veterinarian, a stool sample may be tested and we will contact you. We may deem it necessary to administer a safe probiotic or Metronidazole. If the probiotic or medication is needed, a charge will be added to your bill.

PARASITES
If any parasites are found on or within the feces of your pet while boarding with us, your pet will be treated before entering our boarding facility. These charges will be added to your bill.

PERSONAL ITEMS
Clean bedding will be provided for all pets boarding with us. Your pet’s boarding area is cleaned thoroughly every day (or more often as needed) and all bedding is changed and washed. We prefer to use and wash our own bedding but if your pet requires you to provide special bedding, please label with a permanent marker. Although we make an effort to return all items left with us, COUNTRYSIDE VETERINARY CLINIC IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS LEFT WITH PETS.

PROOF OF VACCINES
Required vaccines for Dogs: Rabies, DA2LPP, Bordetella, and the dual-strain (H3N8-H3N2) Canine Influenza vaccine.
Required vaccines for Cats: Rabies and FVRCP.
If not up to date, or unable to provide proof of vaccination, your pets will be given any missing required vaccines. A physical exam will also be given if receiving DA2LPP, FVRCP or Rabies, or if receiving any vaccine and your pet has not had a physical exam with us within the last year. These charges will be added to your bill.

ILLNESS/INJURY
Countryside Veterinary Clinic takes all possible precautions to avoid illness and injury to your pet while here. If your pet becomes ill, or in the event of an accident or injury, we will call the emergency numbers listed above. If no one can be reached, we will perform any treatment deemed necessary by a veterinarian. Medical costs may become your financial responsibility.

24- HOUR SUPERVISION Countryside Veterinary Clinic does not provide 24- hour supervision. During weekends and holidays, scheduled visits are made to the hospital by our hospital staff.

ANIMAL ABANDONMENT
According to Maryland State Law, if an animal is abandoned under our care, it becomes the property of our hospital.

Any additional phone numbers or information, please write here: ____________________________________________

By signing below, I have read and agree to all the terms of this boarding agreement by Countryside Veterinary Clinic.

Client Signature: ____________________________________________