

# Peticote Veterinary Clinic, LLC.

## Medical Boarding Agreement

Owner Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Emergency Contact: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_  
Names of people authorized to drop off/pick up your pet: \_\_\_\_\_

### Pet Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Description (Color/Hair Length/Markings/Features): \_\_\_\_\_  
Date of Birth/Approximate Age: \_\_\_\_\_ Male: \_\_\_\_\_ Neutered: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

### Feeding Instructions

Food Brand Name: \_\_\_\_\_ Food Allergies: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

### Medical Information

#### Vaccination Policy

To prevent the spread of disease while your pet is in our care, each pet must be completely and currently vaccinated, or they must receive the appropriate vaccinations before entering the boarding area. Also, they must be free of all gastrointestinal parasites and have proof of a negative fecal exam within the last two months. All vaccinations and fecal exams must be documented before or at the time of check-in with an official veterinary certificate. All vaccinations administered by Peticote Veterinary Clinic LLC. are also subject to an examination fee. Dogs must be current on rabies, distemper, bordetella (within the last 6 months), and canine influenza. Cats must be current on rabies and distemper. All vaccinations must have been administered by a licensed veterinarian. Vaccinations must have been administered at a minimum of 7 days prior to admittance into the boarding facility. If vaccinations are not current and must be administered, or they have been administered fewer than 7 days prior to boarding check-in, the pet is required to stay in isolation at a rate of \$65.00 per night.

Date Vaccinated/Performed: Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Fecal: \_\_\_\_\_ (results) \_\_\_\_\_

If the pet listed above does not have proof of a negative fecal exam within two months, a test will be performed at the owner's expense. If the results should come back positive for any gastrointestinal parasites, the pet will be treated with an appropriate anti-parasitic drug at the owner's expense. Pets will not be allowed to use the play yard facility until they are found to be free of parasites. Recently treated pets or those with positive fecal results will be walked in designated areas. This is to protect your pet and our facility from contamination by infectious parasite eggs and larvae which are routinely shed in feces.

(Dogs Only) Bordetella: \_\_\_\_\_ Influenza: \_\_\_\_\_

The owner of the above listed pet understands that even if Owner's pet is vaccinated against kennel cough (bordetella) or canine influenza, there is a chance that the owner's pet may still contract kennel cough, canine influenza, or another illness during their stay at Peticote Veterinary Clinic, LLC. The owner specifically agrees that Peticote Veterinary Clinic, LLC. shall in no way be held responsible should the owner's pet contract kennel cough, canine influenza, or any other illness while in the care of Peticote Veterinary Clinic, LLC.

## Medication

List any and all medications that the above listed pet is currently on. Please note that there is a \$5.00/day medication administration fee. Separate charges may apply to diabetic pets.

Name of Medication: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Has your pet ever had a seizure? Yes / No

If yes, date of last seizure: \_\_\_\_\_ Is your pet on any anti-seizure medications? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your pet suffer from hip or elbow dysplasia? Yes / No

Does your pet have any known allergies? Yes / No

If yes, please list: \_\_\_\_\_

Has your pet been ill in the last 30 days? Yes / No

If yes, please explain: \_\_\_\_\_

## Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need arise. Should you pet become ill or injured during his/her stay, we will attempt to contact the listed emergency contacts at the provided phone numbers to discuss your pet's symptoms, treatment options, and an estimate of additional costs. However, if their owner or their authorized agents can not be reached, please indicated your wishes below should your pet require immediate treatment to relieve discomfort or resolve an impending medical condition. If it will be difficult to reach you during your pets stay at Peticote Veterinary Clinic, LLC. please provide us with the names and phone numbers of persons authorized to act as your agent.

\_\_\_\_\_ (initial) Please perform whatever services the veterinarian deems necessary for the best care of my pet until I or my authorized agent(s) can be reached. I authorize up to the following amount:

\$300 \_\_\_\_\_

\$500 \_\_\_\_\_

\$1,000 \_\_\_\_\_

Unlimited \_\_\_\_\_

\_\_\_\_\_ (initial) Do not administer any medical treatment until specific authorization is given by the owner or any authorized agent(s).

I hereby authorize the following person(s) to act as my agent(s) should the need for medical care arise during my pet's stay at Peticote Veterinary Clinic, LLC. and I am unable to be reached. I understand that I shall be fully responsible for any medical care authorized by either myself or any authorized agents.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### General Information

Has your pet ever exhibited any aggressive or possessive behavior with the following:

People: Yes / No

Toys: Yes / No

Food: Yes / No

Other animals: Yes / No

If yes for any, please explain: \_\_\_\_\_

Has your pet even bitten anyone? Yes / No

If yes, please explain: \_\_\_\_\_

Is your pet afraid of anything? (ie Thunderstorms, etc) Yes / No

If yes, please explain: \_\_\_\_\_

Has your pet ever had a bath? Yes / No

If yes, how did your pet react? \_\_\_\_\_

For dogs, has your pet ever attempted to climb a 6 foot tall fence? Yes / No

Does your pet have any exercise limitations? Yes / No

If yes, please explain: \_\_\_\_\_

Does your pet have any sensitive areas that should not be touched or pet? Yes / No

If yes, please explain: \_\_\_\_\_

Please share any additional information that may be helpful to our staff: \_\_\_\_\_

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Please list any personal items left with your pet (ie bedding or toys): \_\_\_\_\_

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### Damage Policy

The owner is responsible for the cost to repair any and all damages to or within kennels while boarding at Peticote Veterinary Clinic, LLC.

### Disclaimers and Additional Provisions Relating to Medical Boarding

Peticote Veterinary Clinic, LLC offers a canine outdoor play area and all dogs will be under the supervision of our highly trained staff members. Group play is not offered, unless arrangements have been made previously and the dogs included in group play are known to get along well with each other (ie housemates, etc). In order for us to be able to offer this valuable service, we have developed the following set of provisions and disclaimers, which you must carefully read and agree to before allowing your pet to use the outdoor play facility, or placing your pet in our medical boarding facility at Peticote Veterinary Clinic, LLC.

- 1.) Standard precautions will be used against the injury, escape, or death of the above listed pet. The clinic and staff will not be held responsible to injuries that occur, provided standard care and precautions have been followed as determined at the sole discretion of Peticote Veterinary Clinic, LLC. It is expressly agreed by Owner and Peticote Veterinary Clinic, LLC. Peticote Veterinary Clinic, LLC's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200.00 (Two Hundred dollars) per animal boarded. In no event shall Peticote Veterinary Clinic, LLC be liable for illness that arise during the above listed pet's stay or after the pet has left the facility.
- 2.) Owner understands and agrees that the owner is solely responsible for any harm caused by owner's pet while attending or boarding at Peticote Veterinary Clinic, LLC. Owner further understands and agrees that in admitting their pet, all health and behavior problems have been fully disclosed to the best of the owner's knowledge. Additional fees may be accessed for aggressive animals.
- 3.) Peticote Veterinary Clinic, LLC reserves the right to refuse to accept a pet if at check-in the pet appears to us, in our sole discretion, that such pet is ill or that the pet's behavior could jeopardize the health and safety of other pets or our staff.
- 4.) Owner agrees and understands that there are inherent risks of illness or injury when dealing with animals and humans in a kennel situation. Such risk include, but are not limited to: problems associated with rough play such as bite wounds and scratches, kennel cough, canine influenza, or other illness, and in rare instances, death.
- 5.) Owner fully understands that any health or behavior problems that develop during their stay at Peticote Veterinary Clinic, LLC will be handled and treated as deemed appropriate by the staff of Peticote Veterinary Clinic, LLC and the owner agrees to assume full financial responsibility for any and all expenses arising or relating thereto, subject to the stipulations set forth in the medical/illness policy above.
- 6.) Owner understands and agrees to the charges for medical boarding at Peticote Veterinary Clinic, LLC. Office hours are as follows: Monday-Friday 8:00 am – 7:00 pm, Saturday 8:00 am – 12 noon, and Sunday 4:00 pm – 5:00 pm. The owner fully understands that if a pet is picked up or dropped off outside of the above listed hours, a \$50.00 urgent pick up/drop off fee will be charged.
- 7.) All charges incurred by the owner under this agreement shall be due and payable in full upon pick up of the pet. Owner agrees that the pet shall not leave Peticote Veterinary Clinic, LLC until such time as all charges incurred by the owner have been paid in full to Peticote Veterinary Clinic, LLC. In addition, Peticote Veterinary Clinic, LLC is hereby granted by the owner a lien on the pet for any and all unpaid charges resulting from boarding pet at Peticote Veterinary Clinic, LLC. Owner hereby agrees that in the event that all charges incurred under this contract are not paid when due, Peticote Veterinary Clinic, LLC may exercise it lien right upon ten days written notice send by certified mail, return receipt requested, to owner at the address shown on this contract. Peticote Veterinary Clinic, LLC may dispose of pet for any and all unpaid charges, at public or private sale or by turning the pet over to the nearest humane society or animal shelter. If such sale shall not secure sufficient funds to pay for all charges incurred under this contract, then the owner shall be liable to Peticote Veterinary Clinic, LLC for the difference. All monies realized by Peticote Veterinary Clinic, LLC at such sale, over and above the charges incurred under this contract and the costs of sale, shall be paid by Peticote Veterinary Clinic, LLC to the owner.
- 8.) This contract is subject to the provisions of C.R.S. 12-64-115 (Abandonment of Animals), which reads as follows:
  - a. Any animal placed in the custody of a licensed veterinarian for treatment, boarding, or other care which is unclaimed by its owner or its agent for a period of more than ten days after written notice, by certified mail, return receipt requested, is given to the addressee only at his known address shall be deemed to be abandoned and may be turned over to the nearest humane society or animal shelter or disposed of as such custodian may deem proper.
  - b. The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian, as provided in subsection (a) of this section, shall relieve the licensed veterinarian shall not constitute grounds for disciplining procedure under this article.
  - c. For the purpose of this article, the term "abandoned" means to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

- 9.) This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, and assigns of owner and Peticote Veterinary Clinic, LLC.
- 10.) If any legal action is brought to enforce the provisions of this contract, the prevailing party shall be entitled to recover reasonable attorney's fees. These fees, which may be set by the court in the same actions or in a different action brought for that purpose, are in addition to any other relief to which the prevailing party may be entitled. Owner agrees that venue for any action or proceeding filed under this contract shall be in Burlington County, New Jersey.
- 11.) Owner understands and agrees that in the event that any portion of this agreement shall be found void or unenforceable for any reason all other portions of the agreement will remain in full force and effect.

I have read, understand, and agree to all provisions of this agreement. I fully intend to pick up my pet on the specified date. If circumstances change I will notify Peticote Veterinary Clinic, LLC of the new pick up date and assume responsibility for any additional charges incurred.

I hereby waive and release Peticote Veterinary Clinic, LLC and their employees from any and all liability for injury or damage resulting from the actions of my pet, any other pet, or any humans. I expressly assume the risk of any injury to my pet including any and all medical expenses resulting from or relating to said injury, subject to the stipulations set forth in the Medical/Illness policy above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_