

Client ID# _____ Drop off Date _____ (Staff Use Only)

Ettrick Animal Hospital Pet Boarding Agreement

Please complete all sections of this form for your pets file before boarding.

Owner's Name _____ Email Address _____

Home Phone _____ Cell Phone _____

Pet Type Dog Cat Pet's Name. _____

Sex _____ Weight _____ Color _____ Age _____

Pet Type. Dog. Cat. Spayed/ Neutered _____

Pet's Name. _____ Breed _____

Weight _____

Will your pets share a kennel? Yes No

Drop off date/time (9:00-11:00) _____

Feeding Instructions

Are you leaving your own food? (Circle One) Yes or No

If yes, type/brand/amount to be fed per day? Indicate Wet &/Or Dry &/Or both

Feeding Schedule (Circle One)

AM Feeding PM Feeding Both

Medical Information

Does your pet need any medications administered while boarding? Yes No

If yes, please list medications, dosage and time to administer.

Name of pet if boarding more than one pet _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Allergies/ Other medical Information

Last dose given: _____

Is your dog on monthly heartwork prevention? Yes No

Date of last dose? _____

Is your pet on monthly flea/tick prevention? Yes No

Date of last dose? _____

Authorization for Pickup (Between 3:00-5:00)- Any dog that stays longer than 5 days is bathed

The Following Individuals are authorized for pet pickup by owner.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contact Information

Name: _____

Contact Details: _____

Personal Belongings

Etrick Animal Hospital provides towels and bedding for its boarders. It is not necessary to leave these items with your pet. **Etrick Animal Hospital does NOT accept any liability for any lost, misplaced, or damaged personal items.** Please list ALL personal items being left with your pet. Please include carriers, collars, leashes, toys, food, medications, etc. and a brief description of each

Illness/Emergency Treatment

If your pet/s become ill or if the state of the animal's health otherwise requires professional attention, Etrick Animal Hospital, may administer medicine or provide other requisite attention to the animal. I understand that I am fully responsible for the expense of these services. In the event of your animal requires serious medical treatment we will make an effort to contact you.

Yes / No

In the event I am unable to be reached, I authorize testing and treatment up to \$ _____

In the event of a true medical emergency, I authorize Etrick Animal Hospital to treat my pet with their best medical judgment and with life-saving measures, as indicated, up to:

- \$500 Yes / No
- Over \$500 Yes / No (Please state amount) _____
- Unlimited Yes / No

If I am unable to be reached in an emergency, and we have reached your authorized limit, Etrick Animal Hospital has authority to euthanize if deemed best medical judgment to prevent serious suffering. _____ (Initial) (Please write no if you do not authorize this)

Consent

I understand that all precautions will be used against injury, escape, or death of my pet. The hospital and staff will not be held liable for problems that develop, provided that reasonable care and precautions have been followed. I understand that I am financially responsible for all charges that are acquired for treatments performed to my pet. I understand that a deposit is required to book a kennel space and payment in full is required at the time of pick-up for all services rendered during my pets stay. I understand that Etrick Animal Hospital has the right to refuse entry to any animal that is found to be stressed / fearful and if my pet is found to be aggressive and / or dangerous to the staff or other animals, I will make arrangements to pick-up my pet immediately and all financial costs will be my responsibility. Etrick Animal Hospital reserves the right to separate any animals sharing a kennel if deemed necessary.

I agree to the Terms listed above (owner's approval)

Signed _____ Date _____

Butterfield clients can pay online using "Bill Payee List"; please include your Client ID. Otherwise, funds can be transferred to our Butterfield A/C 20 006 060 504727 100; please email us at accounts@ettrick.bm to confirm transfer. Overdue accounts will be sent to BCA and collections costs will be incurred by client.