

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

Etrick 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: _____

1) Pet Type Dog Cat Pet's Name: _____ Sex: Female / Male Weight: _____

Color: _____ Age: _____ Spayed/ Neutered: _____

2) Pet Type Dog Cat Pet's Name: _____ Sex: Female / Male Weight: _____

Color: _____ Age: _____ Spayed/ Neutered: _____

Will your pets share a kennel? Yes No

Drop Off Date & Time (9:00-11:00am) _____ Pick Up Date & Time (3:00-5:00pm) _____

If unable to drop off or pick up during the allotted times, please call or email to give us a heads up.

Feeding Instructions

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

We highly recommend bringing your own pet/s food as a sudden change in diet might lead to an upset stomach.

If Yes:

Type/ Brand: _____ Amount to be fed per day: _____

If No:

Indicate: Wet or Dry or Both Amount to be fed per day: _____

Feeding Schedule (Circle One) AM Feeding PM Feeding Both

Time of last meal: _____

May we give your pet any treats: (Circle One) Yes No

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 _____

Last dose given: _____

Allergies / Other medical Information

Is your dog on monthly heartworm 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 3:00-5:00pm) - Any dog that stays longer than 5 days will get a complimentary bath.

The Following Individuals are authorized for pet pickup by owner.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contact Information

Name: _____

Contact Details: _____

Personal Belongings

Ettrick Animal Hospital provides towels and bedding for its boarders. It is not necessary to leave these items with your pet. **Ettrick 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, Ettrick 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 a minor problem, would you like to be contacted at the number provided? 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 Ettrick 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, Ettrick 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 preformed 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 Ettrick 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. Ettrick 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.