

# Best Friend Veterinary Hospital Boarding Agreement

- Pet food needs to be in pre-portioned labeled Ziploc bags. Wet food must be in original packaging & also labeled.
- We provide all bedding & toys for boarding pets. **WE ARE NOT RESPONSIBLE FOR ANY ITEMS LEFT WITH PET WHILE BOARDING.**
- ALL pets must be current on vaccinations (K9-Rabies, Dhpp, Bordetella, Fecal. Feline- Rabies, Fvrcp)
- Pet must be "flea free" or they will be treated at the owner's expense.

Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Pet #1 Name: \_\_\_\_\_ Pet #2 Name: \_\_\_\_\_ (If multiple pets)

Drop off date: \_\_\_\_\_ Pick up date: \_\_\_\_\_

**FOOD TYPE:**  Kennel Food  Own Food

**FREQUENCY:**  Once Daily  Twice Daily  Free Feed  Other: \_\_\_\_\_

Does your Pet(s) have any food allergies:  YES  NO If yes, explain: \_\_\_\_\_

**Detailed Feeding Instructions:** \_\_\_\_\_

Separate to feed? (If pets boarding together need to be put in separate cages to feed. ADDITIONAL FEES APPLY

**BATH:** (ASK FOR PRICING) Bath, nail trim, ear cleaning, brush out. Bath Date: \_\_\_\_\_

Upgrade with an Add-on?  Nail Dremel  Teeth Brushing  
 Anal Gland Expression  Medicated Shampoo \*may require Dr. visit\*

**PLAYTIMES:** (ASK FOR PRICING)

Playtime/ TLC:  Daily  Every Other Day

**IS YOUR PET ON MEDICATIONS/SUPPLEMENTS?**  YES  NO

ADDITIONAL FEE APPLIES - \*\*\*Medications must be in original container\*\*\*

**DOES YOUR PET HAVE ANY PRE-EXISTING MEDICAL/SKIN CONDITIONS?**  YES  NO

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

PLEASE NOTE THAT WE ARE NOT A 24 HOUR BOARDING FACILITY AND DO NOT HAVE STAFF  
HERE AFTER BUSINESS HOURS.

 Please indicate which treatment option you approve of incase of illness while boarding: (Please choose ONLY one)

I approve ANY treatment a Doctor deems necessary for my pet while boarding.

**TREATMENT COST LIMIT:** I authorize veterinary care up to  \$200,  \$400,  \$600. We will call you if treatments exceed your amount. (This will help cover immediate treatment for illnesses like stress induced diarrhea from boarding. This authorized amount DOES NOT include required vaccines or additional tests discussed at time of check in).

Before providing treatment for my pet, contact me for approval.

Owner Signature \_\_\_\_\_

Contact phone # \_\_\_\_\_

Must provide contact #. Do not leave blank.

 In case of a life-threatening emergency, I authorize Best Friend Vet Hospital to provide any care needed and understand that I am financially responsible. I also understand the above policies, and agree that if my pet has been vaccinated at another clinic and I do not provide proof of vaccines before arriving; my pet will be vaccinated at my expense by Best Friend Vet Hospital.

Social Media Pet Photo Consent: I ALLOW photos of my pet(s) to be uploaded to social media accounts belonging to Best Friend Veterinary Hospital.  I allow BFVH to use my pet's photos

