



Hunt Valley Animal Hospital

Boarding Agreement Policy

11206 York Road, Hunt Valley, MD 21030 • 410-527-0800

Boarding Agreement for Year: _____

Owner's or Authorized Agent's Full Name: _____

Pet's Name(s) _____, _____,

Drop off date: _____ Discharge date: _____

A. Vaccines: In order to board your pet(s), his/her **Rabies** vaccine must be current. **DHPP** for dogs and **FVRCP** for cats must be administered within the last three (3) years or within the last twelve (12) months if a puppy or kitten. **Bordetella** vaccines for dogs must be administered at least 72 hours before your dog is admitted to boarding. If boarding an Avian or Exotic pet, the pet must have had an exam here within the last 12 months. If your avian/exotic pet has not been examined here during this time period, we will have to examine it here and the charge will be added to your bill. If your pet(s) does not receive his or her vaccines at our hospital, you must present documentation that verifies current vaccines. If any vaccines are administered at this facility, an examination fee and a charge for vaccines will be added to your bill. ****Please note, any pet over 10 years of age must have had an examination and be deemed in good health within the last 6 months to be safely permitted to board in our facility.**

PROOF OF VACCINES: YES _____ NO _____

B. Diet: We feed lams food in our kennel. We will be pleased to feed a commercial dog food of your choice if you bring it with you, including canned food. If you bring your own food, please be sure it is clearly labeled and in a re-sealable container (please not plastic grocery bags or Ziploc bags). We only feed dry food. Please indicate feeding instructions to our receptionist.

C. Medications: A technician will administer any required prescription or nonprescription medications to your pet(s) for an additional \$7.00 (once daily) - \$10.00 (twice or more daily) per day. If medications need to be filled or refilled, they will be added to your bill.

D. Boarding Fees per Pet (all prices are per night): Dogs: Small \$27, Medium \$28, Large \$29, XLarge \$32
Cats: \$21. Avian & Exotics \$28 – if medications needed, \$32 per night

Clean up baths on the day of departure are recommended for dogs staying over 48hrs. Pricing for dogs is: small \$18, medium \$20, Large \$22, Xlarge \$26. Clean up baths are available for cats at \$18 if the pet will allow a bath.

CLEAN UP BATH : YES _____ NO _____

In order to maintain high quality boarding standards, clients refusing a clean up bath must agree that if the pet becomes soiled, that pet will be bathed at owner's expense.

Signature _____ **Date** _____

E. Personal Items: Personal items may be left at your own risk. We are not responsible for loss or damage

F. Statement of Kennel Policy:

- 1) A full night's boarding is charged for an overnight stay, no matter what time the pet(s) is admitted.
- 2) Pets must be picked up at the specified hours. This allows our staff to feed, clean, bathe and care for your pet before leaving.

PICK UP: Monday – Thursday: 2PM – 6PM, Friday: 2PM – 5PM, Saturday – 11:30AM – 3PM, Sunday – Closed – No Pickups

3) We are to use all reasonable precaution against injury, escape or death of your pet. The Clinic and Staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment and expense involved. I certify that my pet(s) appear to be free of contagious disease and has/have not bitten anyone within the past 10 days. If I neglect to pick up my pet within 5 days of the date above and do not notify you within that time frame, you may assume that the pet(s)

is/are abandoned and hereby authorize you to dispose of the pet as you deem best and/or necessary in accordance with Maryland State Law which does not relieve me of my financial obligations.

I HAVE READ AND UNDERSTAND THE ABOVE AND I AM IN FULL AGREEMENT,

Owner/Agent (Please Print Name):

Emergency Phone Number:

Problems to check/treat (may be additional charges)

SIGNATURE

DATE