

ARAPAHOE ANIMAL HOSPITAL
BOARDING & DOGGIE DAY CARE AGREEMENT

We deeply value the trust you are placing in us, and will care for your pet as "one of our family," providing a home away from home for your pet while you are away.

PET NAME*: _____

OWNER NAME(S): _____

** Please complete separate Boarding/Doggie Day Care Agreement(s) for additional animals.*

Your Name and Tel # (if you are pet's Authorized Guardian and not pet's owner):

Person(s) and contact phone number(s) in case of emergency:

BOARDING & DOGGIE DAY CARE TERMS AND OPTIONS:

Food and Personal Items from Home: All pet foods brought from home must be in resealable containers. Our Hospital will provide any bedding needed, and – for safety reasons -- we ask that canine guests do NOT bring blankets, pillows, toys, or bones from home.

Medications and Special Medical Needs: Pets needing **special medical care** must be seen by one of our doctors at drop-off and at pick-up to discuss your pet's medical condition and needs in detail. An additional per day charge will be included for administration of medications and other special care provided during your pet's stay with us.

Vaccine Policy: All Boarding and Doggie Day Care pets MUST be current on vaccines. **DOGS:** Canine Distemper Combo/Bordetella/Rabies vaccines; **CATS:** Feline Distemper Combo/Rabies vaccines; **FERRETS:** Distemper/Rabies vaccines. *Vaccine documentation or verification will be required.*

Requirements for Doggie Day Care Participation: All DDC participants must be at least eight weeks of age, of sufficient size/weight, current on vaccines, in good physical health, and must be both dog and people socialized, with no behavior or aggression problems. An additional per day charge will be included for boarding dogs who participate in our Doggie Day Care program for extra fun and socialization.

We will keep you informed as to how your dog spends and enjoys his/her Doggie Day Care hours with us – and also if your dog exhibits any behavior, socialization, barking, or medical problems. PLEASE NOTE: Dogs with problem barking or other behavior problems may NOT be able to continue to participate in Doggie Day Care.

Pet Care and Safety: Canine boarders and Doggie Day Care dogs may play, exercise, and co-mingle with other Doggie Day Care and Boarding dogs in our tree-shaded outdoor play areas. Although the greatest care is taken to ensure that dogs are not injured and do not cause harm to one another or to any humans, the possibility does exist for injury. Any problems will be handled in a manner deemed best by our hospital staff. Arapahoe Animal Hospital cannot be held liable for injuries involving your pet(s), provided that reasonable care and precautions are followed at all times by hospital staff.

Pet Pick-up: Owners and authorized caretakers can pick up Boarding and Doggie Day Care pets during our regular hospital hours. Please *notify* our hospital if you will be unable to pick up your pet on your scheduled departure day. Animals not picked up as scheduled will receive continued boarding care and additional boarding charges will apply. Animals left unclaimed at the hospital ten (10) days beyond their scheduled departure date *without explanation* will be considered abandoned.

Payment Policy: FULL PAYMENT IS DUE AT TIME OF PET PICK-UP. Pre-payment or a partial deposit may be required. A monthly finance charge will be applied to all balances outstanding over 30 days, and a billing/handling charge is added to monthly statements.

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OWNER (or Authorized Caretaker) AUTHORIZATIONS

MUST BE COMPLETED AT OR BEFORE PET'S CHECK-IN

Please initial in the spaces indicated and sign and date this form below:

(1) I have read and fully understand the **vaccine requirements** of this hospital. I give my permission for Arapahoe Animal Hospital to update and administer vaccinations should they be verified or deemed necessary. _____

(initial)

If Arapahoe Animal Hospital is not where your pet receives vaccinations and medical care, please indicate below the name of the hospital/clinic and city/state:

(name of hospital/clinic and city/state)

(2) Should **emergency care** be needed for my pet due to illness or injury, Arapahoe Animal Hospital has _____ does not have _____ (initial one) my permission to provide treatment *beyond basic stabilization* until I or my pet's authorized guardian can be contacted by the hospital, and I agree to pay for these services. I understand that in the rare event that a pet should pass away while Boarding or in Day Care, Arapahoe Animal Hospital will contact the owner/guardian regarding arrangements and disposition wishes. _____

(initial)

Optional: I stipulate that emergency treatment may not exceed \$ _____.

(Fill in \$ amount)

(3) To the best of my knowledge, I have disclosed any and all of my pet's **behavioral and/or medical problems** to Arapahoe Animal Hospital. _____

(initial)

(4) I understand that my dog may **co-mingle** with other Doggie Day Care and Boarding dogs and I give _____ do not give _____ (initial one) consent for my dog to participate in interactive canine play times.

(5) If barking becomes a problem, I do _____ do not _____ (initial one) give the hospital my permission to use a **barking training collar** for my dog as needed.

By signing below, I agree to the terms and policies of Arapahoe Animal Hospital's Boarding/Doggie Day Care Agreement.

This agreement will remain in effect for *future* boarding and Doggie Day Care participation for my pet and I will update my emergency contact information as needed.

Signature of Pet Owner (or Authorized Guardian)

Date

Arapahoe Animal Hospital
Tel: 303-442-7033
Fax: 303-447-2052
www.arapahoeanimalhospital.com

HOSPITAL OFFICE USE ONLY:

Client Acct # _____

Scanned By: _____
(Staff Initials)