

Avondale Haslet Animal Clinic, Inc.

1321 Avondale Haslet Road, Bldg. A

Haslet, TX 76052

817-439-5252

817-439-8476 (fax)

Boarding Agreement



Owner's/Agent's Name: _____

Kennel Policy:

1. Check-out time is between **7:30 a.m. and 12:00 noon**, unless being groomed on the day of pick-up. **After 12:00 noon an additional day of boarding will be charged.** Discharges after hours are not allowed. No discharges on Sundays or Holidays.
2. Personal items may be left at your own risk. We are not responsible for loss or damage.
3. All pets will be examined, upon their arrival, for external parasites (fleas and ticks). If any are found, your pet will be treated accordingly and the cost will be added to your bill.
4. Avondale Haslet Animal Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. Should the pets identified on this record become ill and I cannot be contacted prior to necessary treatment, I request Avondale Haslet Animal Clinic provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and fees with the attending veterinarian.
 - a. Sometimes illness is discovered while boarding, whether it be during a physical exam performed as part of routine vaccines or if symptoms are noted by the staff caring for your pet. If a problem is noted on your pet while boarding, which of the following would you like us to do?
 - Please attempt to call me prior to any treatment being performed on my pet
 - Please treat my pet accordingly and only call if the situation is critical

Vaccines: In order to board your pet, all vaccines must have been administered by a licensed veterinarian in accordance with manufacturer guidelines, unless you can show that your veterinarian follows an alternative immunization protocol. If your pet does not receive his/her vaccines at this facility, you must show proper documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill.

Pet's Name	_____	_____	_____
	First pet's name	Second pet's name	Third pet's name
Date of last rabies vaccination	_____	_____	_____
Date of last DHLPP/ FVRCP vaccination	_____	_____	_____
Date of last Bordetella vaccination	_____	_____	_____

Medication: Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications (**in their original containers**) and provide instructions.

Medication	_____	_____	_____
Medication	_____	_____	_____
Medication	_____	_____	_____

Please turn over to complete

Please turn over to complete

Please turn over to complete

Diet: Because many animals experience stomach upset when they board, we feed a low fat, easily digested pet food. If your pet is on a special diet or you would prefer your pet remain on their usual feed, you may bring your own food.

	<u>1st pet</u>	<u>2nd pet</u>	<u>3rd pet</u>
Own food?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
How much and how often is your pet fed?	____ Cups ____ Times a day am pm	____ Cups ____ Times a day am pm	____ Cups ____ Times a day am pm

Special Feeding Instructions: _____

Services: I would like the following services performed on my pet(s). (Any changes to requested services needs to be faxed or e-mailed to us at least 48 hours prior to scheduled time.)

	<u>1st pet</u>	<u>2nd pet</u>	<u>3rd pet</u>
Vaccinations that are due	_____	_____	_____
Annual Exam	_____	_____	_____
Semi-annual Exam	_____	_____	_____
Surgery (specify)	_____	_____	_____
Full groom	_____	_____	_____
Bath**	_____	_____	_____
Other (specify)	_____	_____	_____

****Some animals do not board well and have upset stomach or diarrhea. For the health of your pet and the sanitation of our facility, at the discretion of the doctor, your pet may be bathed while boarding with us, and the cost will be added to your bill.**

Emergency Contact: In the event of an emergency, if you would like us to call you first, please leave us your preferred number. Please also leave an emergency contact (relative, close friend, etc) number in case you cannot be reached.

Preferred Contact:

Name _____ Phone Number _____

Emergency Contact:

Name _____ Phone Number _____

I agree to make payment of all services rendered to Avondale Haslet Animal Clinic at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past 10 days. I understand that if I fail to pick up my pet within ten (10) days of notification to the address of record, my pet will be considered to be abandoned and will be handled in accordance with Texas State Law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Agent

Date

KENNEL STAFF ONLY (Boarding Notes):

Initials _____ Date _____