

Castle Peak Veterinary Service - BOARDING AGREEMENT

PET'S NAME: _____

OWNER'S NAME: _____

DATE IN: _____ ESTIMATED DATE OUT: _____ DATE OUT: _____

CONTACT PHONE NUMBER: _____

VACCINATION HISTORY: _____ Up To Date: RV DHPP BV Need: RV DHPP BV

2nd PET VACC HISTORY: _____ Up To Date: RV DHPP BV Need: RV DHPP BV

DIET TYPE / MEDICATIONS

BROUGHT FOOD: _____ CPVS provides SCIENCE DIET: LIGHT ADULT SENIOR

AMOUNT TO FEED PET PER DAY: (Please Specify Amount Using A Cup Measurement)

1st Pet NAME: _____ AM _____ PM _____ FREE FEED: _____

IF TWO PETS IN ONE KENNEL, USE SPACE BELOW TO SPECIFY FEEDING INSTRUCTIONS

2nd Pet NAME: _____ AM _____ PM _____ FREE FEED: _____

MEDICATION: (EXTRA CHARGE: \$3.50 - \$24.50 PER TREATMENT) YES _____ NO _____

SPECIAL INSTRUCTIONS: _____ YES _____ NO _____

PERMISSION FOR SOMEONE OTHER THAN OWNER TO PICK-UP ANIMAL:

NAME: _____

BELONGINGS: _____

WOULD YOU LIKE A BATH TO BE GIVEN BEFORE YOUR PET LEAVES? YES _____ NO _____

WOULD YOU LIKE A TOE NAIL TRIM TO BE DONE WHILE BOARDING? YES _____ NO _____

CURRENT HEALTH

1st Pet – Please circle: VOMITTING DIARRHEA COUGHING SNEEZING LUMPS BUMPS

LIMPING STIFFNESS Normal: EATING DRINKING ENERGY

2nd Pet – Please circle: VOMITTING DIARRHEA COUGHING SNEEZING LUMPS BUMPS

LIMPING STIFFNESS Normal: EATING DRINKING ENERGY

Comments: _____

I hereby grant permission to CASTLE PEAK VETERINARY SERVICE (CPVS) to act on my behalf, and in my pet's best interest, by providing veterinary care at my expense, if deemed necessary for illness or injury. Should my pet pass away while boarding, I understand that CPVS will get my consent for its mean of disposition unless I do not respond within 10 days. I am aware that to board here, I must show proof that my dog(s) are current on the Distemper/Parvo combination and Rabies vaccines, and have had a Bordetella vaccine within the past six months. I must show proof that my cat(s) are current on the Feline Distemper/Leukemia combination and Rabies vaccine. If proof of vaccination cannot be shown or obtained from my previous veterinarian's office at the time of admission, I authorize CPVS to administer these vaccinations to my pet(s). I further agree to pay for these and all other veterinary services provided for my pet(s) during its stay at CPVS.

This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. I also understand no one will be monitoring the animals during the nighttime hours. However, in the event of illness or injury, the owners and employees of CPVS shall not be held personally responsible for such injury or illness.

I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I AGREE TO PAY ALL ANTICIPATED CHARGES AT TIME OF DROP OFF and I understand that CPVS reserves the right to hold my pet until said charges are paid. The fate of any animal left behind for 10 days beyond the agreed upon date of pick-up (without written notification or phone call) is left to the discretion of CPVS.

TOTAL BOARDING FEE PER NIGHT

Day Board _____ \$35.00 per animal
Board Canine _____ One pet per kennel \$48
_____ Two or more pets in same kennel \$38.50 per animal

Board Feline _____ One pet per kennel \$30.00
_____ Two or more pets in kennel \$26.50 per animal

Bath _____ Under 50 lbs. \$36.75 per bath per pet
_____ Over 50 lbs. \$52.00

Toe Nail Trim _____ \$25.00 per pet

Medications _____ \$4.50 - \$29.50 depending on type of treatment. (Price is per treatment)
Bordetella Vaccine \$30.25

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT.

I certify that I am the owner/guardian of this pet.

Owner / Guardian Signature (Check In) _____ Date

CASTLE PEAK VETERINARY SERVICES CANNOT BE HELD RESPONSIBLE FOR ANY PERSONAL ARTICLES (BLANKETS, BEDS, LEASHES, OR TOYS) THAT ARE LEFT FOR YOUR PET. PLEASE PUT YOUR PET'S NAME ON ANY ITEM THAT YOU DO LEAVE WITH YOUR PET.