

Boarding Contract

Day Care / Extended Care (Circle one)

I wish to board my **Dog / Cat** (Circle all that apply) _____ (pet=s name) at Tuckahoe Veterinary Hospital during the dates stated:

Arrival Day _____ **Pick Up Day** _____

****Please Note:** There will be no one available for Pickups on weekends or Holidays or after 6:00pm on weekdays**

Boarding Fees

My boarding fee will be \$_____ **Per Day** (not inclusive of any additional care, services, vaccinations, prescription foods or medications requested or required. There is an additional charge of **\$3.50 Per Day** if medications need to be administered.

Please bring all medications and prescription foods with your pet.

Emergency Contact Information

I may be reached in an emergency at:_____. If I am unable to be reached, the following person has permission to make decisions concerning the care of my pet:_____ Phone: _____. If you are unable to reach me or my designated agent, Tuckahoe Veterinary Hospital has my permission to provide whatever medical care is necessary in the unlikely event that my pet becomes ill or injured while boarding here. I assume responsibility for all charges incurred.

Vaccinations

My Pet **IS IS NOT** (Circle one) **CURRENT ON ALL REQUIRED VACCINATIONS**. I understand that my pet Must Have certain vaccinations to enter the kennel area at Tuckahoe Veterinary Hospital. If I cannot provide proof of vaccinations, they will be administered when my pet arrives to board. These charges will be added to my total charges for boarding.

Are there any health problems you would like the Doctor to examine? **Yes No** (Circle one) If so, please provide a brief description of Location, Symptoms, & Duration _____ (Exam Fee \$39.00)

Are there any behavior issues we need to know about? **Yes No** (Circle one) _____

Some pets are just not suited to a boarding environment. Some may become terrified and refuse to eat or become aggressive.

Please be advised: If we are unable to safely care for your pet, you will be called to pick him/her up immediately.

Extended Stay Boarders My pet is on a Prescription Diet (Circle One) **Yes No** Name: _____

Bringing medication to be administered? **Yes No** (Circle one) Instructions: _____

Bringing own food? **Yes No** (Circle one) Instructions: _____

Bringing toys or bed? **Yes No** (Circle one) Description: _____

****Please Note:** We are Not responsible for items that become lost or damaged while at our hospital **

Additional Services

Microchip Identification: Microchips provide a safe, painless & permanent method of reuniting lost pets with their owners. If you like, we can microchip your pet while here with us. **Yes No** (Circle one) This protection is \$45.00.

Bathing: If you wish, we will bathe your dog, express anal glands & trim toenails prior to Pickup **Yes No** (Circle one) The cost of this service is \$30.00.

Hours of Operation: Monday-Friday: 7:30am to 6:00pm *Closed on Weekends &Major Holidays*****

I understand that Tuckahoe Veterinary Hospital is open and staffed during the hours listed above. During the hours that the Hospital is closed, I understand there is no continuous medical staff care. The Hospital does have staff members that come in at scheduled times during closed hours to care for my pet and to provide food, fresh water and a clean environment. My dog will be walked outside at least twice a day.

ALL CHARGES ARE DUE AND PAYABLE WHEN I PICK UP MY PET

Signature of Pet Owner/Agent: _____ Date: _____

Please Print Name: _____

