

Richland Animal Clinic Boarding Agreement

Owner: _____ Chart: _____

Patient	Dog/Cat	Food	Medications	Bath

Boarding dates Drop off: _____ Pick up: _____

Please list any treatments needed for pet(s) while boarding: _____

1. Can Richland Animal Clinic use your pet(s) photo on social media? **YES NO**

Clinic Policies

Vaccines: All patients staying in our clinic must be up to date on all vaccines. This policy is to protect all patients staying within Richland Animal Clinic. Any vaccines that are overdue will be administered during the time of a pet's boarding unless one of our doctors has previously determined vaccines would be medically inappropriate for a specific patient.

Fleas: All patients staying at Richland Animal Clinic receive a **Capstar** at the time of their arrival. This pill will kill any live fleas for 24 hours. This preventative **Capstar** treatment keeps our facility flea free.

Intestinal Parasites: All patients staying at Richland Animal Clinic need to have had a negative intestinal parasite screening within six months of their stay.

Reasonable precaution will be used to prevent injury, escape, or the death of your pet(s). The clinic staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Should a problem develop with your pet(s), every effort will be made to contact you, the owner. If the staff of Richland Animal Clinic is unable to reach you, the owner, or your agent, the doctors will elect to proceed with the optimal treatment for your pet(s) based on their judgment. By signing below you understand the necessity of treatment should a problem develop and agree to pay for all services upon the discharge of your pet(s).

If you or an agent of your choice does not pick up your pet(s) on the day specified and your pet(s) is/are not claimed within ten days thereafter, the animal(s) will be considered abandoned and will become property of Richland Animal Clinic. This does not relieve you as the owner from paying all the cost for services incurred through the ten day abandonment period.

Payment is due when services are rendered. (We do not accept partial payments or post-dated checks.)

By signing below I am acknowledging that I have read and am agreeing to all of the above.

Signature: _____ Date: _____

Emergency contact information

Name: _____ Phone: _____

Name: _____ Phone: _____