

# **SHAKER HILL PET RESORT**

*(A division of Pittsfield Veterinary Hospital, Inc.)*

## **Boarding Agreement**

Name of Animal: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Type of Animal: \_\_\_\_\_

**DATES OF STAY:**                      *From* \_\_\_\_\_ *to* \_\_\_\_\_

**This is an agreement that is between *Pittsfield Veterinary Hospital Inc. d/b/a Shaker Hill Pet Resort* (“SHPR”) and the *pet owner whose name and signature* (“Owner”) appears below.**

1. The **Owner** agrees to pay the per diem rate (then in effect) for said pet’s room and board at **SHPR**, in addition to any and all collection costs and attorney’s fees.
2. The **Owner** agrees to the prior approval and to pay all costs and charges for special services requested and for all veterinary fees, costs and services incurred by the pet(s) during the stay at **SHPR**. The **Owner** acknowledges and agrees that their pet(s) shall not be delivered by **SHPR** to the **Owner** until all charges are paid to **SHPR** by the **Owner**.
3. The **Owner** specifically represents that he or she is the sole owner of the pet(s) and all information provided to **SHPR** is complete, accurate and correct.
4. The **Owner** acknowledges that their pet(s) will be examined by the **SHPR** staff prior to acceptance of the pet(s) for admittance to ascertain any preexisting problems or conditions. If evidence of any problems or conditions are found (example – i.e. fleas), the pet(s) will be immediately treated with a topical spot on call Advantage and receive a Capstar pill, at the **Owner’s** cost and expense.

**Has the animal being boarded shown aggression? (Please write Yes or No on each line)**

*Toward people* \_\_\_\_\_ *Toward animals* \_\_\_\_\_ *Reactive with food and or toys* \_\_\_\_\_

### **MEDICAL CONSENT FORM (*Initial one of the following choices*)**

I wish to be contacted for all medical problems. \_\_\_\_\_ (Initial on line)

**Or**

I wish to be contacted for only serious or life threatening problems. \_\_\_\_\_ (Initial on line)

The staff of **SHPR** will make every reasonable attempt to contact the **Owner** (or the Emergency Contact) following your instructions above. If the staff is unable to reach the **Owner** (or the Emergency Contact), the **Owner** hereby authorizes **SHPR** to seek veterinary care for the pet(s) that is immediate, urgent and or necessary for the well being of the animal taking into account its overall health, condition and age. All risks with regard to the veterinary care are assumed by the **Owner** as well as the financial costs and expenses of the care.

### **Veterinary care will be provided by (*Initial one of the following choices*)**

Staff of the Pittsfield Veterinary Hospital, Inc. \_\_\_\_\_ (Initial on line)

**Or**

Staff of \_\_\_\_\_ (Initial on line)

**SHAKER HILL PET RESORT**

Boarding Application

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We will contact the hospital and discuss your pet's condition with their doctors. If they recommend that your pet be examined by them, there will be a \$40.00 transportation fee. The **Owner's** veterinary hospital will directly bill the **Owner** for the services provided.

Does your pet(s) have any medical conditions or allergies to medications we should be aware of?

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Will your pet(s) be undergoing any medical procedures during their stay? **Y** or **N**

If **yes**, what procedure will be done and when? \_\_\_\_\_

*There may be additional paperwork that must be filled out for medical procedures.*

During your pet's stay at **SHPR** there is a possibility for personal items from home to be destroyed by the guest while in our care. **SHPR** is **not** responsible for damage done to, destroyed or lost during the stay. If something is missing we will do what is within our means to find the lost item.

Do you understand the risk of leaving items with your pet? **Yes** or **No** \_\_\_\_\_ (Initial on line)

Does **Pittsfield Veterinary Hospital/SHPR** have your permission to photograph your pet during their stay and use their photo on our website and or social media pages? **Yes** or **No** \_\_\_\_\_ (Initial on line)

Does **Pittsfield Veterinary Hospital/SHPR** have your permission to use your pet's first name **only** on our website and or social media pages if we use their image? **Yes** or **No** \_\_\_\_\_ (Initial on line)

**EMERGENCY INFORMATION**

Where are you traveling? \_\_\_\_\_ Phone number: \_\_\_\_\_

Local emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contingency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

*Will someone other than the Owner be picking up the pet(s)? **Y** or **N***

If **yes**, please write their name authorizing them to pay for and pick up your pet(s):

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Name of person(s) picking up pet

**Signature of Owner or Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_