

Monroe Animal Care Boarding Contract

Owner Name:

Address:

Phone:

Email:

General Terms: **Monroe Animal Care Hospital** will exercise responsible care for the safety of your pet, and to keep the boarding premises safe and properly enclosed. Pets will be fed and watered regularly, and housed in clean, safe quarters. The **Monroe Animal Care Hospital** cannot guarantee against accidents, and we cannot be liable for loss or damage caused by or to our pet guests at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by owners' pet while it is at this resort.

Payment/Nonpayment: The **Monroe Animal Care Hospital** charges for boarding space by the day. Owner agrees to pay the rate for boarding in effect on the day the pet is checked into the resort. Payment balance is due upon checkout. If any charges are not paid when due, interest will accrue at 1.5% per month, or the maximum rate allowed by law. All collection expenses, including attorney fees, will be paid by the owner.

Check in/out Times: Check out time is by 10:00 AM. Any pet checked out before 10:00 AM will not be charged the boarding fee for the day of check out. Any pet checked out after 10:00 AM will be charged for the day of check out. Check in and check out times are only during normal appointment hours. There are no Sunday check outs.

Personal Items: We make every effort possible to make your pet feel at ease while he/she is staying with us. The **Monroe Animal Care Hospital** does not recommend bringing personal items from home as they may get lost in the laundry or soiled. **Monroe Animal Care Hospital** is not responsible for lost or damaged personal items.

Vaccinations: Vaccinations are for the protection of your pet, we cannot make exceptions to vaccination requirements. Required vaccines for dogs are DH(L)PP, Rabies and Bordetella. Cats must have a current FVRCP and rabies vaccination. If proof of vaccination is not on file or provided from another veterinarian, the pet will be vaccinated and examined at the owner's expense on the arrival date, and has higher risk of contracting an illness during their stay.

Medications: Medications, supplements, or other items will be administered for an additional fee as directed, but medications must be presented in their original containers with instructions for administration.

Baths: We make every effort to keep pet guests clean. If your pet is in need of a bath during their stay, we will bathe your pet as often as is needed. An appropriate charge will be added to your pet's fees for each bath required. If you would like to purchase a departure bath, please let a representative know at check -in.

Pets with anxiety: Some pets may experience stress in the lodging, daycare, or grooming environment. **Monroe Animal Care Hospital** is devoted to providing exceptional care for guests. If your pet exhibits signs of excessive anxiety, we will administer appropriate calming medications in an effort to help your pet be more comfortable. If medications have not been provided at check-in, we will dispense medications and the charges will be added to your pet's fees. In addition, the appropriate daily medication administration fee will also be added to your pet's fees for each day medications are required. Your signature acknowledges that you are aware of this policy and accept all incurred fees.

Internal and External Parasites: All pets must be free from internal and external parasites. If proof of an intestinal parasite screen within the past year is not on file or provided from another veterinarian, the pet will be tested at the owner's expense on the arrival date. If intestinal parasites are found, an examination (if needed) and appropriate medication will be dispensed. Each pet is examined by the technical staff upon check-in for evidence of external parasites (fleas and ticks). If your pet shows signs of having fleas and/or ticks, a dose of an appropriate medication will be administered. The owner is responsible for expenses of any medications dispensed for internal and/or external parasites. Your signature acknowledges that you are aware of this policy and accept all incurred fees.

Abandonment: If the pet is not called for within 10 days after the designated checkout time, the pet will be considered abandoned and will be handled in accordance with state law. All adoption fees and other incurred expenses will be the responsibility of the owner.

Treatment Authorization: The owner agrees that **Monroe Animal Care Hospital**, in its discretion, give first aid, medication, or other attention we deem it necessary for the health, and safety of your pet. **Monroe Animal Care Hospital** is authorized by the owner to provide veterinary care, including emergency care, at the owner's expense. If we believe that your pet is in need of care, time permitting we will attempt to contact you before providing that care, but this document serves as our authorization to provide veterinary care for your pet in the event we are unable to reach the owner. The owner is responsible for expenses of veterinary care, whether or not you have been reached in advance. Your signature on this authorization permits **Monroe Animal Care Hospital** to make reasonable care decisions regarding your pet; and the owner agrees to pay for all costs incurred for such treatment. In the unlikely event that a pet passes away while a guest of **Monroe Animal Care Hospital** we will contact you and discuss your options of body care.

Monitoring: Staffing at **Monroe Animal Care Hospital** varies by season and days. However, we are not a 24 hour facility. If a staff member is not present on the premises, the hospital is locked, monitored by an off-site fire and security alarm company, and the pets are able to be observed remotely by video camera. For staff safety, dogs are not walked between the hours of 9 pm and 6 am.

I hereby agree to the foregoing as the owner or specified agent of the aforementioned pet.

I further certify that my pet is in good health and has not been ill with any communicable condition nor to my knowledge been exposed to any communicable diseases within the last 30 days. Moreover, I certify to the accuracy of all information given about my pet and have discussed any previous signs of aggression or threatening behavior toward any person or animal. I have read and understand the entire boarding contract.

Signature: _____

Name of other person(s) authorized to pick up your pet:

Check In Information

Pet's Name:	Age:
Primary Contact Name/Phone:	Local Contact Name/Phone:
Alternate Number:	Email/Text for Photos:
Check In Date:	Check Out Date:

			Comments
Coughing, Sneezing, Vomiting, Diarrhea	Normal	Abnormal	
Eating, Drinking	Normal	Abnormal	
Activity Level	Normal	Abnormal	
Diet Type	Dry	Canned	
Amount			
Medications	Yes	No	Daily Fee: \$5.00 Oral / \$7.50 Inj.
Medical Condition	Yes	No	
Personal Belongings	Yes	No	
			Comments

Reviewed emergency medical protocol	Yes	No	
Does your pet have any food or medication allergies/sensitivities?	Yes	No	
Has your pet ever bitten a person or other animal?	Yes	No	
Does your pet ever eat or destroy non-food objects?	Yes	No	
Does your pet ever jump fences or try to escape the house or yard?	Yes	No	
Is your pet aggressive toward other animals?	Yes	No	
Is your pet allowed outside with any other family dogs?	Yes	No	
The normal safety protocols for our facility include leash walking dogs in our fenced yard. If your dog does not have a history of jumping/digging under fencing, we can allow your dog play time off-leash. Do you permit supervised, off-leash activity for your dog?	Yes	No	
Would you like your pet to receive a departure bath? (dogs)	Yes	No	