

Boarding Agreement for the Year _____

Owner's/Agent's Name

Vaccines

In order to board your pet, his/her rabies vaccine must have been given in the last twelve months if he/she is less than two years of age or in the last twenty four months if pet is over two years of age. All other vaccines must have been administered within the last twelve months. If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill.

Date of last rabies vaccination _____

Date of last DA2PL/FVRCP vaccination _____

Date of last Bordetella vaccination _____

Boarding Reservation Policy; ANY & ALL BOARDING RESERVATIONS MUST BE CANCELLED WITH A MINIMUM OF 48 HOURS NOTICE OR A \$ 25.00 FEE WIL BE CHARGED TO YOUR ACCOUNT. Also a \$25.00 Deposit will be charged to your account at the time of reservation, It will go towards boarding when your pet is dropped off to the facility. THERE IS NO AFTER HOURS PICKUP OR DROPOFF. If YOU REQUEST AN AFTER HOURS PICKUP OR DROP OFF THERE WILL BE A \$60.00 EMERGENCY FEE!

Diet

We feed Hills Sensitive Stomach. We will be pleased to feed a prescription diet or another commercial diet of your choice if you bring it with you. Please outline feeding instructions:

Medication

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions:

Statement of Kennel Policy

1. A full day’s board is charged for the first and last days, no matter what time the pet is admitted or released.
2. Pets must be picked up between 8 AM-6PM Monday thru Friday, 8-12AM Saturday. Discharges after hours or on Holidays are not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. Bear River Veterinary Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. Should the pet(s) identified on this record become ill, I request that Bear River Veterinary Clinic provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet’s illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet’s agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Fee Schedule

| Service | Type of Pet | Fee |
|------------------------------|--------------------------|-----------------|
| Boarding | Dogs less than 15 pounds | \$10.50 per day |
| Boarding | Dogs 16 to 45 pounds | \$12.50 per day |
| Boarding | Dogs 46 to 75 pounds | \$14.75 per day |
| Boarding | Dogs 75- 100 pounds | \$16.75 per day |
| Boarding | Dogs 100 # and over | \$19 per day |
| Administration of medication | Any | \$1 per day |
| Bath | Under 15# | \$ 5.50 |
| Bath | 15-50# | \$ 11-17 |

I agree to make complete payment to Bear River Veterinary Clinic at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with Wyoming state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Agent
Emergency Contact Name & Number_____

Date