

Client:  
Date:  
Phone:

Patient:  
Age:

Sex:  
Species:  
Breed:

Arrival Date:

Departure Date:

Initial\_\_\_\_\_ (This contract is good for 1yr unless **Anything** changes between stays- I understand it is my responsibility to advise St Francis of ANY changes between stays)

**Suite Type:** (ok to share a suite with: \_\_\_\_\_)  
{CAGETYPE} ***(Pets must be able to eat together to board together. No exceptions!)*** Initial\_\_\_\_\_

**Activities and Play:** (initial each choice you wish your pet to participate in)

\$5/Goodnight Story/Cuddle time (**Daily/EOD**)\_\_\_\_\_

**Feeding:** Initial\_\_\_\_\_

	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	

**Medications:** Initial\_\_\_\_\_

	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	
	AM <input type="checkbox"/>	Noon <input type="checkbox"/>	PM <input type="checkbox"/>	

**Pet Personality:**

- \_\_\_\_\_ My pet has never exhibited any form of aggression toward people or other pets
- \_\_\_\_\_ My pet is Protective of his/her area, food and/or possessions
- \_\_\_\_\_ My pet has nipped at other pets/humans (playfully OR aggressively)
- \_\_\_\_\_ My pet has bitten other pets/humans

Initial\_\_\_\_\_

Yes\_\_\_\_\_ No\_\_\_\_\_ Has your pet boarded, been adopted (for pet store or shelter) or otherwise housed with other pets (other than your own home) in the last month?

Yes\_\_\_\_\_ No\_\_\_\_\_ Does your pet have any medical conditions or had any medical treatment(s) in the last 6 months?  
If YES to any of the above please EXPLAIN:

**HPP:** Initial\_\_\_\_\_ I understand the below statement and have seen the HPP coverage policy. (\$7/week per pet-for duration of the boarding stay)

**Owner's pet is automatically enrolled in the Healthy Pet Program (HPP)** which covers up to \$500 of boarding-related veterinary expenses(excluding pre-existing conditions or airborne virus).

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**Media Consent** – I grant St. Francis Animal Hospital and its representatives/employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.  
*Please Initial:* Yes, I consent: \_\_\_\_\_ No, I do not consent: \_\_\_\_\_

**IN CASE OF EMERGENCY:** If owner's pet requires medical attention during boarding or grooming, owner authorizes one of the following (**Every attempt will be made to contact owner**):  
\_\_\_\_\_ Do **ALL** that Lakefield Veterinary Group deems necessary to try and maintain the pets health. Owner verifies that he/she is responsible for all costs relating to that care **OR**  
\_\_\_\_\_ Do NOT take extensive measures costing in excess of \$ \_\_\_\_\_. Minimum requirement is **\$250** to cover initial emergency care. Owner releases Lakefield Veterinary Group from any liability resulting from any inability to exceed the specified amount of medical treatment.

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Terms of Agreement:**

Owner agrees that Lakefield Veterinary Group will **NOT** be responsible or liable for any injuries, harm, damages, losses of any type whatsoever caused by airborne virus, including but not limited to canine influenza virus and tracheobronchitis ("canine cough"). Lakefield Veterinary Group has taken reasonable steps to minimize the occurrence of airborne illnesses. **However, no amount of supervision, sanitation or personalized care can prevent a pet from contracting an airborne virus.**

**Owner understands that any boarding experience can be stressful for some pets** and that such stress can cause suppression of the immune system and can exacerbate any underlying physiological problems of the pets relating to age or breed. As a result, said pets could manifest problems relating to known or unknown pre-existing or current health issues.

**Owner is responsible for any damage their pet inflicts upon people, property, or other pets** (inclusive of any pets boarding together at owners request).

**Owner understands that Lakefield Veterinary Group cannot be responsible for any items lost or destroyed.**

Owner understands that **pet abandonment may be a criminal or civil violation** of the statutes of his/her state, and agrees to pay any and all costs in the prosecution of these statutes.

Initials \_\_\_\_\_

By Signing this agreement, I acknowledge that I am the legal owner of the pet(s) being boarded or an authorized agent of legal owner. I am not aware of any reason why my pet(s) should not be boarded at this time. I have read and agree to the individual care information above and to the terms and conditions above.

**Flea check:** Upon arrival, your pet will be given a brief visual exam. If fleas/flea dirt are found to be present, it will be necessary to administer a Capstar (oral tablet) at an additional cost of \$7.50+ tax or given a flea bath (quote will be provided).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email for daily photos: {EMAILADDRESS}