

Media Veterinary Hospital Boarding Agreement

Emergency Contact #:

Guest: <animal> Breed: <breed>
Owner: <number>, <first-name> <last-name> Age: <age>
Cage: _____ Sex: <sex>
Date In: <check-in> Weight: <soap-weight>
Date/Time Out: <check-out>

Check out time is Monday to Friday 9am to 8 pm, Saturday is 9 am to 1 pm, and Sunday is 10 am to 12 pm.

FOR YOUR PET'S HEALTH

Medical Requirements: To ensure the protection of ALL pets under our care, the following must be current, and there must be no evidence of internal or external parasites (ie. fleas/ticks) on your pet.

Annual Veterinary Exam

Distemper

Rabies

Kennel Cough (dogs only)

Influenza (dogs only)

I understand that my pet will not be admitted to boarding if the above are not current. I also understand that Media Veterinary Hospital will provide treatment in accordance with the above policy at the owner's expense if evidence of internal or external parasites is noted during his/her stay. If the pet is due for vaccines and Media Veterinary Hospital has not performed an annual exam within the last year, an exam must be done by a Veterinarian before administering any vaccines.

The boarding staff makes every effort to provide a safe and comfortable environment during your pet's stay. However, due to stress and change in environment, diarrhea can occur. If stress colitis (diarrhea) does occur, a veterinarian will examine and treat your pet appropriately. A physical examination and a stool sample test will be performed at no charge. The owner will be responsible for the cost of medication only.

In the event that any other issues arise (i.e., injuries, vomiting, not eating, coughing, eye/ear issues, etc.) we will contact you to perform diagnostics and treatment.

Please indicate your preference by initialing ONE of the below:

_____ I do NOT consent to any diagnostics or treatment without getting authorization from me first.
(initial)

_____ I accept responsibility for diagnostics/treatment up to \$ _____, however, please contact me if it exceeds this amount.
(initial)

_____ Please treat my dog if anything occurs. I accept responsibility for any/all costs that may be incurred. This would include an exam charge, along with necessary diagnostics, medications, or additional treatments as deemed appropriate.
(initial)

In the unlikely event that your pet develops a severe or life-threatening illness we will make every effort to contact you. If no one can be reached, please indicate your wishes below:

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I accept
(initial) responsibility for any/all costs that may be incurred.

_____ Do not administer any medical treatment other than supportive care until specific authorization is given. Supportive care refers to
(initial) medications and/or treatments used to alleviate pain/suffering and to stabilize vital signs. I accept responsibility for any/all costs that may be incurred to stabilize my pet.

NOTE: It is our policy to NOT board animals in the same run/enclosure for the safety of your pet. This allows us to monitor their food/water intake and to make sure they are not sick.

NOTE: If you are bringing any medications, there will be a charge of \$3 per administration. Our trained veterinary technicians will administer the medications to your pet. Also please bring the medication in its original container with appropriate labels. This is for your pet's safety.

Signature of Owner

Date