

# BLAIRS FERRY PET HOSPITAL BOARDING AGREEMENT

**PET'S NAME:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_  
**DATES OF STAY:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**BOARDING ARRANGEMENT SELECTED:** RUN / LARGE DOG KENNEL / KENNEL / FELINE CONDO

## OWNER CONTACT INFORMATION

Name: \_\_\_\_\_  
Telephone Numbers: (home) \_\_\_\_\_, (cell) \_\_\_\_\_  
(work) \_\_\_\_\_, (cell#2) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**LOCAL EMERGENCY CONTACT (not traveling with you)**

Name: \_\_\_\_\_  
Telephone Numbers: (home) \_\_\_\_\_, (cell) \_\_\_\_\_  
(work) \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_

## NAMES OF FRIENDS OR FAMILY AUTHORIZED TO PICK UP AND PAY FOR YOUR PET(S)

\_\_\_\_\_  
\_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Male/Female Neutered/Spayed  
Color/Markings: \_\_\_\_\_ Microchip # \_\_\_\_\_

## FEEDING

Feeding schedule: 1X/day 2X/day 3X/day  
Quantity of food fed per feeding: \_\_\_\_\_  
Brand of food/kind of food: \_\_\_\_\_  
Items left with pet: \_\_\_\_\_

Can your pet have treats? YES/NO

May we add chicken broth or canned food to your pet's food if not eating? YES / NO

## PET BIO

Does your pet have any health concerns we should be aware of?

Describe: \_\_\_\_\_

Do you have any special requests or additional information that will make your pet's visit more comfortable? \_\_\_\_\_

Regular veterinarian if not Blairs Ferry Pet Hospital \_\_\_\_\_

**MEDICATIONS**

Is your pet currently taking any medications? \_\_\_\_\_

Did you bring your pet’s medications today? YES/NO

May we use Peanut butter, canned food or pill pockets/treats to administer your pet’s medications? Y/N

Is your pet taking HW prevention? \_\_\_\_\_ Flea/Tick prevention? \_\_\_\_\_

Diabetic mellitus patients receiving insulin: Name of insulin \_\_\_\_\_

Units of insulin to be given per dose \_\_\_\_\_ Number of injections given per day \_\_\_\_\_ Time of day receives insulin \_\_\_\_\_

Note: Insulin injections will be charged per total number of injections given during hospital stay.

**MEDICAL CONSENT FORM (PLEASE INITIAL)**

I WISH TO BE CONTACTED FOR ALL MEDICAL ISSUES: \_\_\_\_\_

I WISH TO BE CONTACTED FOR ONLY **SERIOUS OR LIFE THREATENING** ISSUES: \_\_\_\_\_

The staff of Blairs Ferry Pet Hospital will make every reasonable attempt to contact the Owner (or Emergency contact) following your instructions above. If the staff is unable to reach the Owner (or Emergency contact), the Owner authorizes BLAIRS FERRY PET HOSPITAL to provide/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. You hereby grant the veterinarian and BFPH the right to make medically necessary decisions for your pet’s treatment and release the veterinarian and BFPH from all liability for the same. All risks with regard to the veterinary care are assumed by the Owner as well as the financial costs and expenses of the care.

I understand and will not hold BFPH responsible for conditions unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea and fleas.

I understand BFPH will use every reasonable precaution to assure my pet’s safety while he is under their care. Employees of BFPH may care for and tend my pet(s) without liability for loss, damage, escape, failure to eat, illness, disease, death, theft, fire, or for injury to himself, to persons, other pets, or property.

I authorize BFPH staff to administer any medications or treatment deemed necessary for the health and safety of my pet while under their care.

I acknowledge my pet needs to be current on vaccinations in order to board at BFPH. If not current, pet will be vaccinated at Owner’s expense. Required vaccinations include: Canine; DHPP, Rabies, Bordetella, Feline; FVRCP, Rabies. Recommended vaccinations include: Canine Influenza.

I understand that BFPH has relied upon my representations that my pet is in good health, is current on all required vaccinations and has not injured, shown aggression or demonstrated threatening behavior to any person or other pet.

I acknowledge that my pet will be treated immediately for fleas or parasites if evidence is found on the pet or in the kennel. Treatment may include an oral tablet (Capstar) for quick kill of fleas and a topical or oral product for longer protection. If intestinal parasites are seen or suspected,

a fecal flotation will be performed and pet will be dewormed accordingly. This will be performed at the Owner's expense.

I understand BFPH does not have 24 hour staffing and my pet will not be monitored overnight.

I understand if I did not bring my pet's own food he/she will be fed the hospital kennel pack diet (Hill's Sensitive Skin and Stomach for dogs, Science Diet Feline Adult for cats).

During your pet's stay, BFPH is **NOT** responsible for personal items left with your pet, including damage done to, if destroyed, lost or soiled during the stay. If an item is missing we will do what is within our means to find the lost item.

No pet should be left at BFPH after the designated pick up time without communication from you. Should the circumstances arise that I am unable to pick up my pet at the designated time, I will notify BFPH and will either make other arrangements myself or have an agent or representative do so. If my pet remains unclaimed without any contact, instruction, or notification regarding his departure, at 6pm on the seventh day after the scheduled departure date, BFPH may assume the pet is abandoned and proceed according to Iowa law code 162.19. Abandonment shall constitute the relinquishment of all rights and claims by the owner of such animal and he/she will become property of BFPH. BFPH will, in its sole discretion, determine whether to re-home the pet or relinquish it to a shelter or rescue of BFPH's choice and I will have no recourse against BFPH. It is further understood that such action will not relieve me from paying all costs of services and use of the hospital even in the event I am unable to retrieve possession of my pet. If my pet's boarding needs are extended beyond the original scheduled departure date at my request upon notifying BFPH, I agree to stay current on the expenses and maintain active communication with BFPH. BFPH will not board pets longer than thirty days from date of admission.

I agree, as Owner, to assume full financial responsibility for all expenses associated with my pet including illness or injury, whether treated at BFPH or another veterinary facility. I agree to pay my pet's bill in full when my pet is released from BFPH.

I have read and agree to all of the above provisions and understand that this agreement will remain in force for this and all future boarding visits within the current calendar year for the pet listed above. If information changes occur with subsequent boarding visits, I will be responsible for providing BFPH with such changes.

**SIGNATURE OF OWNER OR REPRESENTATIVE:**

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

\_\_\_\_\_