

Town N' Country Canine Boarding Agreement

Dog's Name: _____

Check-In Date: _____ Check-Out Date: _____

Pick-Up Time: _____ Pick-ups Preferred after 9am unless otherwise requested.

Client Name: _____ Contact Phone #: _____

Emergency Contact Name: _____ Phone #: _____

**Please ensure that your designated Emergency Contact Person is aware that you have given his/her name, and is willing and able to make decisions regarding the care and well being of your dog.*

Any dog not claimed within ten (10) days of the given pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Town N' Country Animal Hospital and will be handled according to our best judgment.

***ALL DOGS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION, GIVEN BY A DOCTOR OF THE TOWN N' COUNTRY ANIMAL HOSPITAL STAFF. THEIR VACCINATIONS MUST BE UP TO DATE INCLUDING VACCINATIONS FOR DPA/CVA (DISTEMPER/UPPER RESPIRATORY), RABIES, BORDITELLA, AND FECAL. IF YOUR DOG IS PAST DUE, YOUR DOG WILL BE EXAMINED AND GIVEN THE NECESSARY VACCINATIONS OR TESTS UPON ADMISSION, AND CURRENT CHARGES WILL APPLY. THEY MUST BE FREE OF EXTERNAL PARASITES, AND DOGS FOUND TO HAVE EVIDENCE OF PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE. IF YOUR DOG HAS SPECIAL DIETARY NEEDS OR PREFERANCES YOU MUST PROVIDE THE FOOD OR IT MAY PROVIDED AT CURRENT CHARGES.**

Medications

You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates. Please list any/all medications below, their dosages and instructions.

Medication Name	Dosage Amount	Dosage Instructions	Time Given

Special Instructions

**Unless otherwise instructed your dog will receive Purina Diets. If your dog has other dietary needs, please provide the food or allow us to provide it at current charges.*

I have special dietary instructions for my dog. Please Specify:

How much and how often do you feed your dog. Please Specify:

I am leaving personal belongings with my dog. Please List:

(Please Mark Item's with your Dogs Name)

Please Check the Following:

I would like my dog to receive:

- Canine Camp Resort:** Standard stay at Town N' Country Animal Hospital. Provided for our healthy boarders. Offers your dog special attention to meals, behavior, and health observations by trained professionals, and human contact to make them feel at home.
- V.I.P. Pet Care:** Offers personal playtime with our caregivers, daily brushing, and treat time if desired. For an additional \$8.14 per session, per pet.
- Hospital Boarding:** Provided for dogs with extensive special needs. They will receive close monitoring by our trained staff of medical professionals during the hospital's normal hours. Additional fees apply.
- Bath:** Provided at request of owner. Dogs will receive a bath with the use of both shampoo and conditioner and will be dried and brushed following the bath. Additional fees apply according to the weight of the dog.
- Groom:** Provided at request of owner if time is available on the date requested for the groom. Dogs will receive a bath with the use of both shampoo and conditioner. They will have their nails trimmed, their ears cleaned, and their anal glands expressed. Dogs will be dried and brushed out and their hair will be trimmed to the owner's specific

liking. Additional fees apply according to the weight of the dog, and if de-matting is necessary.

- Nail Trim: Provided at request of owner. Both front and rear nails will be trimmed. Additional fees apply.*

The undersigned hereby warrants that they are the owner of authorized emergency contact for the dog listed in this record and does consent and authorize Town N' Country Animal Hospital to care for and treat said dog. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my dog until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my dog. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my dog. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my dog while it is residing in the boarding facility, I consent to and authorize Town N' Country Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my dog's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks, While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my dog's safety and well-being while in Town N' Country Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my cat may need to have another procedure at a future date at my expense.

Authorized Signature:

Date: _____