

BYRAM ANIMAL HOSPITAL BOARDING AGREEMENT

Client Name: _____ Pet (s) Name: _____

Drop Off Date: _____ Pick Up Date: _____

Phone Number Where You Can Be Reached in Case of An Emergency: _____

If you will not be available, please leave the name and phone # of someone who will be responsible for making decisions regarding your pet:

Name: _____ Phone # _____

If you are boarding multiple pets, CAN THEY BOARD TOGETHER? ____ Yes ____ No
CAN THEY BE WALKED OUTSIDE TOGETHER? ____ Yes ____ No

✓ I understand that if a conflict occurs, pets may be separated into individual kennels & additional charges may apply. **Some pets may become aggressive with each other over food or in unusual locations.**

Does your pet have its own food? ____ Yes ____ No If yes what kind? _____

Has your pet eaten today? ____ Yes ____ No

PLEASE GIVE ALL OF YOUR PET MEDICATIONS TO THE RECEPTIONIST

*****PLEASE NOTE THERE WILL BE AN ADDITIONAL CHARGE \$5.00 PER DAY PER PET FOR MEDS******

Has your pet received medication today? ____ Yes ____ No

Please list medications your pet requires below:

Medication # 1 _____ Dosage: _____ AM _____ PM _____ BOTH _____

Medication # 2 _____ Dosage: _____ AM _____ PM _____ BOTH _____

Medication # 3 _____ Dosage: _____ AM _____ PM _____ BOTH _____

We are happy to make your pets stay as comfortable as possible. If you are leaving any items from home for your pet, please leave a detailed list below:

Please read the following:

- ✓ If my pet has external parasites treatment will be administered at my expense.
- ✓ I authorize the veterinarians of BAH and their staff to examine the above-named patient(s) and if needed contact me as to what the problem is and the cost of treatment.
- ✓ I understand that my pet must be up to date on all vaccinations including Bordetella (Kennel Cough).
- ✓ I understand that BAH will not be responsible for lost, soiled collars, blankets, toys, or beds.
- ✓ Pick up is not available on Sunday or holidays.

I WANT MY DOG TO HAVE A GO HOME BATH; I UNDERSTAND THAT THERE IS NOW AN EXTRA FEE OF \$20 PER DOG ____ Yes ____ No

Signature of owner or owner's agent _____

Date: _____