

# New Hope Pet Hospital Boarding Agreement

**Checkout time is 1:00 PM**

Pets picked up after this time will incur an additional night boarding charge.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Pick Up: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM/PM

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

1.) Name: _____ Breed _____ Color _____ Medication Yes/No Special instructions, include diet & medication: _____ _____ Personal Belongings: _____ Does pet this need to see the Doctor while in the hospital? Yes/No If so, explain: _____
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2.) Name: _____ Breed _____ Color _____ Medication Yes/No Special instructions, include diet & medication: _____ _____ Personal Belongings: _____ Does this pet need to see the Doctor while in the hospital? Yes/No If so, explain: _____
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**Vaccine Policy:** Your pet will be staying in a fully functional hospital and all animals **MUST** be current on required vaccines per hospital policy in order to board in our facility. While your pet will not have direct contact with another animal, we do care for sick animals and any animal in the hospital has the potential for disease exposure. We take every precaution to prevent the spread of infectious agents and are not responsible for any exposure or the result thereof. Any animal not current on vaccines will be vaccinated before entering the kennel area at the owner's expense. All animals must be free of external parasites or they will be treated at the owner's expense.

**Medical Illness Policy:** One of the advantages of boarding your pet in our hospital is that veterinary attention is readily available should the need arise. In the case of an emergency or illness, we will attempt to contact the emergency contact person immediately. If no one can be reached, for the safety of your pet, please indicate your wishes below for immediate medical care of your pet while in the hospital.

You **MUST** choose one of the following:

1)  I authorize any services the Doctor deems necessary for the best care of my pet. Initial \_\_\_\_\_

2) I authorize up to one of the following: \$100  \$250  Other \$ \_\_\_\_\_  
Initial \_\_\_\_\_

I agree to indemnify and hold New Hope Pet Hospital, it's owners and staff, harmless from any and all liability arising from boarding or the performance of any procedures.

Owner/Agent for pet(s) \_\_\_\_\_