

BOARDING CONTRACT
HEALTHY PETZ VETERINARY CLINIC ~ 109 ENOLA ROAD ~ MORGANTON NC 28655
PHONE 828-437-4524 ~ HEALTHYPETZ109@GMAIL.COM ~ FAX 828-437-7224

Thank you for choosing Healthy Petz to care for your beloved pet. Below is the policy we have designed with your pet's health and safety in mind. Drop off and Pick up times are Monday – Friday 7 am- 6 pm Saturday 9 am – 1 pm. SUNDAY HOURS by appointment only.

All dogs must be current on DAPP (distemper), KCV (kennel cough) and rabies vaccinations. All cats must be current on FVRCP (distemper) and rabies. If current proof of vaccines is not available, we will need to administer those vaccines here. All pets entering the Healthy Petz Boarding must be flea/tick free. If upon inspection, this is not the case; a flea/tick treatment will be administered at the owner's expense. If your pet has a medical condition that prevents certain treatments or you have a preference please explain

Basic boarding includes 2 meals a day (choice of dry, canned, or both), free choice of water and exercise. Owner understands that extra charges may apply at the discretion of management for special handling or treatment that is above and beyond routine care. Special handling is defined as services beyond our standard boarding care due to behavior problems, health or other unexpected care not anticipated at time of check in. Additional services such as exams, baths, nail trims are available at an additional cost.

Owner agrees to label and limit personal belongings to five items or less per pet boarding. No breakable items are allowed in the kennel (glass, ceramic bowls, etc.) **Items not taken home at checkout will be donated if not picked up within 30 days of check out date. Healthy Petz is not responsible for items broken, lost, or misplaced.**

Owner understands that Healthy Petz is not a 24 hour facility. Kennels are not monitored between 6 pm and 7 am. Pets requiring overnight care or medical monitoring should not board at our facility. If the dog's temperament allows, some dogs may be allowed to socialize with pets of the same size in monitored play areas. Healthy Petz reserves the right to refuse a pet that is determined a danger to other animals and/or people.

In the event of illness or injury, a Healthy Petz veterinarian will evaluate your pet and contact your or your authorized agent. In the event that we can NOT contact you or your authorized agent, Healthy Petz will perform emergency treatment at the **owner's expense** in order to keep pet stable.

This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, and assigns of the pet owner and Healthy Petz Veterinary Clinic and Boarding. I agree to the terms and conditions as set above by Healthy Petz Veterinary Clinic and Boarding. I agree to pay the rates that are in effect at the time of my pet(s) is at Healthy Petz Veterinary Clinic and Boarding. I am aware the extra charges may be incurred and I agree to pay them at the time of pick up. I agree to pay all veterinary charges incurred by my pet. Animals will not be released until payment for all services (veterinary, boarding and grooming) are received.

I understand that failure to pick up a pet within 5 days of the scheduled pick up date above will result in the pet being considered abandoned. Abandoned pets will be disposed of in accordance with state law.

PAYMENT IS DUE AT TIME OF DROP OFF

Accepted payment methods: Cash Visa MasterCard American Express Discover Care Credit

Signed: _____ Date: _____

Healthy Petz Veterinary Clinic Boarding Contract Page 2

I have previously read, agreed to, and signed page one of Healthy Petz Veterinary Clinic Boarding Contract.

Pet's Name: _____

Pet's Name: _____

Will be boarding until: _____.

Medication to be given while boarding:

1. _____ given _____ times per day.
2. _____ given _____ times per day.
3. _____ given _____ times per day.
4. _____ given _____ times per day.

Has your pet ever bitten any person or animal (circle)? YES NO If YES, please explain: _____

Does your dog get along well with other dogs (circle)? YES NO If No, Please explain: _____

I would like my pet(s) during his/her visit to:

Bathed: YES NO Groomed: YES NO Outside walks: YES NO

Dr. Examination: YES NO If yes my concerns are _____

I would like to be contacted with an estimate or if problems arise YES NO (If yes please indicate preference below)

Phone _____ Text _____ Email _____

In case of an emergency, and I can NOT be contacted I authorize Healthy Petz to contact, _____

whom may make decisions concerning my pet(s) at phone number: _____.

Others whom I authorize to pick up my pet(s): _____.

I authorize a Healthy Petz veterinarian to evaluate and treat my pet in the event of an illness or injury. Healthy Petz will perform necessary treatment at an additional expense. **I understand if this occurs, treatment costs would be due at time of pick up.**

Signed: _____ Date: _____