

## **CANINE BOARDING AGREEMENT**

	("c	owner" refers to pet own	er)		
Dogs Name:	Agent/Owners Name:	Email Address:	Primar	y Phone:	
Emergency Contact Name and Phone			veterin	sion to obtain ary medical records	
Primary Veterinarian Name and Phone			if necessary		
	Vaccination an	nd Intestinal Parasite	Screen Policy		
To provide a healthy environ veterinarian for the following: (often listed as DHPP or DA2 last 12 months . It is highly re	Rabies, Bordetella (within (2PP), and Leptospirosis (with	6 months), Distemper/Adend hin 12 months), as well as p	ovirus (hepatitis)/Parvovirus/ proof of a negative intestinal	Parainfluenza combination	
Rabies Date Given:	DHPP Date Given:	Leptospirosis Date Given:	Bordetella Date Given:	IPS Date Performed:	
expense.	ting is required for potentially  's dog contract infectious d responsible as this is an a highly contagious airborne disc severe and have a prolonged rec showing symptoms of the disea	tracheobronchitis during, inherent risk of any kenne ease of dogs. It is similar to who covery. The disease is caused be se, or recently recovered, will no	or after their stay, Waverly I environment. Infectious tra oping cough in humans and ger y a combination of viruses and in ot be allowed to board until they	Animal Hospital, Boardi cheobronchitis (also known as nerally runs its course in 10-14 bacteria. A combination vaccir are asymptomatic for 2 week	
		Prepayment Policy			
	nore than <b>7 days</b> prepayment, fo oarded with Waverly Animal Ho			t at the time of drop off.	

		Dog Health and Behavi	g's Name: <u>Or</u>	
		NO List medications:NO If yes, date of last seizur		
	-			
riease iis	st any medical conditions or health concern	5		
Growled a Growled a Bitten/atta Bitten/atta Has your Is your do Shown po	dog ever at another dog?	NO Please explain:	· ·	
☐ Toys	☐ Food	☐ Crate/Kennel	☐ People	☐ Other pets
Please lis	at any other pertinent information:			
		Feeding Information	<u>on</u>	
Does you Did you b How muc Please ch □ Scienc Owner is	r dog have food allergies? YES r dog have a sensitive stomach? YES ring your dogs food? YES th and how often do you feed your dog? theck the appropriate food you would like us the Diet Sensitive Stomach/Skin Chix/Barley responsible for paying for any prescription diets for pets refusing to eat or losing weig	NO Please explain: NO What do you fe to feed your dog, if we happen lams Mini Chucks diet that is opened for their pet	ed your pet?  to run out of your food.  Iams Lamb & Rice	☐ lams Puppy Chix/Corn
	Board	ding Disclaimers and	<u>Provisions</u>	
2. F 3. F 4 5. F 6. N	Boarding is charged by the night, regardless of the boarding.  Pets must be picked up during hours of business. Personal items are left at the owner's risk. We are a ranged the same additional fee for medication administ. Morning, noon, and evening walks are included foundos and runs.  Waverly Animal Hospital reserves the right to reform (Including banning from certain activities or the face).	s. Discharges after hours are not e not responsible for loss or damag tration. for all boarding areas; a twenty min use any dog at check in if it appear	allowed. ge. ute one-on-one playtime is in	cluded for dogs boarding in deluxe
7. ( i 8. ( 9. \	Owner agrees to pick up the pet on the schedule considered abandoned if the owner fails to pick up in accordance with Michigan state law. Abandon Owner agrees to make complete payment to Wawerly Animal Hospital reserves the right to receptions.	d day or to notify Waverly Animal F up the pet within 10 days of receivir ing pets does not relieve the owner verly Animal Hospital, Boarding, & quest payment/deposits at their disc	ig the abandonment letter. W of financial obligation to Wav Grooming at the time of discl	averly Animal Hospital will handle pet verly Animal Hospital.
l		nis is completed to the best of m	ny knowledge and all the i	nformation is true and accurate. I
	d, understand, and agree to all provisions.  Signature:		Date:	

+++ FOR OFFICE USE ONLY +++