

MONROVIA ANIMAL MEDICAL CENTER

Boarding Agreement

Owner's Name _____ Date _____

Pet's Name(s) _____

Emergency Contact _____

Physical Exams: We are a Veterinary Hospital that offers boarding as a courtesy to our regular patients and clients. We require a physical exam annually by a veterinarian from this hospital.

Vaccines: Dogs must be vaccinated for DA₂PP, Leptospirosis (4 serovars), Bordetella, Influenza (H3N8 & H3N2) and Rabies. Cats must be vaccinated for FVRCP, FeLV and Rabies, and must have tested negative for FeLV and FIV prior to vaccination. The vaccines must have been administered within the last twelve or 36 months depending on vaccine and/or age of pet.

If your pet does not receive his/her vaccinations at this facility, you must show written documentation that verifies current vaccinations. A puppy record book is not sufficient documentation. If any vaccines are past due, your pet must be vaccinated before boarding for his/her protection.

Flea Control: Monrovia Animal Medical Center strives to provide a flea-free environment for your pets. If fleas are found on your pet, we will treat your pet to eliminate fleas at your expense. **Initial**_____

Diet: We serve a high quality dry food to your pets during their stay. We will be pleased to feed a special diet of your choice if you bring it with you for an additional charge.

Special Diet Directions: _____

Items Left with Pet: MAMC will not be held responsible for any damaged or lost items left for pet while boarding. We provide fresh bedding daily for your pet's comfort.

Medications: Please bring appropriate amount of medications and provide directions. If medications need to be filled or refilled during the time your pet is boarded, the fee will be added to your bill.

Medical Treatment: I acknowledge that in the event of my pet(s) illness, the staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Initial_____

ESTIMATE OF CHARGES MUST BE SIGNED AT TIME OF DROP OFF. PAYMENT IN FULL IS DUE AT TIME OF PICK UP. BOARDING CHARGES ARE CALCULATED FOR EACH DAY. PETS PICKED UP AFTER 10 AM WILL BE CHARGED ADDITIONAL BOARDING FEE FOR THAT DAY.

Your drop off time: _____ Your pick up date & time: _____

I UNDERSTAND THAT 24-HOUR-SUPERVISION IS NOT PROVIDED AT THIS FACILITY.

Signature of owner or agent

Date