

CANINE BOARDING AGREEMENT

DATE: _____

CLIENT INFORMATION:

Name: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Email Address: _____

EMERGENCY CONTACT	Mobile	Home	Work
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

DOG'S INFORMATION:

Name: _____

Breed: _____ Color: _____ Birth Date: _____

Neutered Male Male Spayed Female Female

Is your dog microchipped? No Yes If so, microchip ID: _____

Is your dog housebroken? Yes No

Was your dog crate trained? Yes No

Has your dog ever been boarded or attended doggie daycare? Yes No

Has your dog ever bitten a person or another dog? Yes No

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain: _____

Is your dog a jumper (fences/gates), climber or escape artist? Yes No

MEDICAL INFORMATION:

Veterinary Practice: _____

Preferred Veterinarian's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

VACCINATIONS: Please provide the date the vaccination was most recently administer.

Rabies (1 or 3 year)	DAPP (1 or 3 year)	Lepto	Lyme	Bordetella	Canine Influenza

Note: We require a copy of the vaccination records emailed or brought with you.

Date of Fecal Analysis & Results: _____

Current Heartworm & Flea/Tick Prevention: _____

Last Date Given: _____

Please list all medication conditions: _____

Please list any known allergies: _____

Please list any medications:

Medication	Dose & Directions	Times given

Note: A medication fee of \$4.00 per day will apply. There is no charge for supplements/vitamins or heartworm/flea/tick prevention.

EMERGENCY MEDICAL TREATMENT RELEASE:

I give my consent for the doctors and staff at Heartland Veterinary Services, LLC to stabilize my animal(s) in the case of an emergency. I understand that in event of an emergency Heartland Veterinary Services, LLC will

attempt to contact me at the number(s) provided. I am stating that I will pay all fees incurred for that stabilization, knowing that the veterinarian and staff will, to the best of their ability, attempt to reach me at the emergency number(s) for any further treatments, or reach my own Veterinarian for further medical care.

If the emergency is critical enough to refer the pet to Purdue University Veterinary Teaching Hospital for intensive care, I give my consent for Heartland Veterinary Services, LLC staff to transport my animal to Purdue University for further treatment. I am stating that I will pay all fees incurred for that treatment, knowing that the Heartland Veterinary Services, LLC veterinarian and staff, to the best of their ability, attempt to reach me at the above number(s). I understand that some critical treatments may have to be referred to PUVTH and that the cost of the treatment can reach the amount of \$3,000-\$5,000.

I decline any and all Emergency Medical Treatment. In event of an emergency, please contact me first. I understand that my pet will not receive any medical treatment, resuscitation, or stabilization until I am able to be contacted by Heartland Veterinary Services, LLC staff.

Client Signature: _____

AUTHORIZED PICKUP:

You agree that you may verbally by telephone or in writing (email, texting or otherwise) request that Heartland Veterinary Services, LLC release your dog to someone other than the person(s) listed above, and you release Heartland Veterinary Services, LLC of any and all responsibility for releasing your dog to any person authorized by you.

The dog will be released to the following person(s): _____

DEPOSIT & CANCELLATION POLICY:

A deposit is required for reservations scheduled through holiday seasons. A deposit equal to 50% of the total boarding cost paid in advance of your check-in date. Deposits will be due when the reservation is scheduled. Deposits are non-refundable if a reservation is not altered or cancelled at least 72 hours prior to the scheduled check-in date.

Clients who do not give notice of any cancellation within 72 hours of the check-in date will be subject to a cancellation fee of 50% of the total reservation at any time during the year.

Client Signature: _____

OFF LEASH PLAYTIME:

Our facility has both indoor and outdoor play areas. The outdoor area is surrounded by a 5 foot high chain-link fence. Heartland Veterinary Services, LLC will take care of the pet to the best of their ability during playtime, but will not be held responsible if the pet were to become injured in any way due to jumping, fighting, roughhousing, running while in the play areas. I will not hold Heartland Veterinary Services, LLC if my pet should get loose from the outdoor area. Heartland Veterinary Services, LLC reserves the right to refuse certain pets the privilege of off-leash walks because of their behavior and/or obedience or lack thereof.

Yes, I give consent for my pet to be walked off-leash No, I deny consent

BOARDING POLICIES:

- All reservations are subject to Heartland Veterinary Services, LLC discretion and all reservations can be denied for any reason.
- All dogs must have written proof of vaccinations, currently treated for fleas & ticks and be free of intestinal parasites. If proof of vaccinations & diagnostic testing cannot be provided, then we will schedule and provide the appropriate vaccinations &/or diagnostic testing prior to the pet's stay at the cost of the owner.
- All dogs must be in good health and have not shown signs of illness within the last 30 days. Any dog showing signs of illness such as coughing, active ocular or nasal discharge or sneezing will not be admitted. If fleas or ticks are found, then treatment will be initiated immediately and the owner will be billed accordingly.
- Dogs must be older than 4 months of age in order to make a reservation. Special exceptions may be made for younger puppies at the discretion of Heartland Veterinary Services, LLC for an additional fee.
- We allow dogs from the same household to share a kennel suite for an additional \$10.00 per day for each additional dog. However, we will not board any dogs together that show aggression towards each other or our staff, medicated dogs or dogs that must eat in separate kennels for their safety.
- Heartland Veterinary Services, LLC will provide Kuranda cot beds, blankets, daily stuffed Kong toy, food and water bowls during the boarding visit.
- Heartland Veterinary Services, LLC will provide a prescription gastrointestinal diet (Hill's i/d or Hill's i/d stress) during your pet's boarding reservation at no additional charge. If you would like for your pet to be fed a different diet, then we ask that you pre-portion the amount needed during the boarding reservation. Large containers of food will not be accepted for reservations less than 10 days.
- All toys that are brought with your pet needs to have your pet's name listed on them. Heartland Veterinary Services, LLC cannot guarantee that toys will be kept in the same condition as brought in nor are we responsible for lost items.
- Reservations are required for boarding. Scheduled drop off and pick up times are recommended and may occur at any time during our regular business hours. Saturday and Sunday drop off and pick up times are available at 8:00 am or 6:00 pm for an additional fee of \$20.00. There are no pick-up or drop-off reservations for the following days: Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve & New Year's Day.
- We do offer a discount for our long-term boarding reservations. Boarding reservations exceeding 15 days will receive a 10% discount of the boarding fee. A 20% discount of the boarding fee will be received for boarding reservations exceeding 30 days.
- Heartland Veterinary Services, LLC will determine which suite is most appropriate for your pet. In the event that a pet is destructive in one of our suites, Heartland Veterinary Services, LLC will move it to a more appropriate suite for the safety of your pet and our other guests. The owner agrees to compensate Heartland Veterinary Services, LLC for the replacement cost of any furniture, housing, or facility material destroyed by their pet.

I am aware of the charges, circumstances, conditions & services offered during my pet's boarding. I assume responsibility for all charges incurred in the care of the above pet. I understand that these charges will be paid at the time of release. I agree that in case of non-payment, a 1.5% per month interest charge will be assessed on accounts not paid within 30 days. In addition, if referral to an outside attorney or collection agency becomes necessary, I will pay a collection fee up to 50% of the balance. I understand that there is a minimum \$25 service charge for all returned checks.

By signing this agreement I authorize the use, reproduction and/or publication of photographs and/or videos that may pertain to my pet including their image, likeness and/or voice. They may be used for various publications & public affairs including the website or social media pages without compensation. This agreement is enforced indefinitely from this date.

Client Signature: _____

Date: _____

HVS Staff Signature: _____

Date: _____