

## East Orange Animal Hospital Boarding Agreement

We appreciate the opportunity to board your pet(s) for you. For your pet's protection, ALL vaccines must be current. This also includes the Bordetella vaccine (kennel cough). Your pet must be free of internal parasites (intestinal worms) and external parasites (fleas and ticks). A negative fecal test or deworming is required every six months. If not, treatment or testing may be performed at your expense. The kennel is not responsible for any personal belongings left with your pet. We can provide your pet with toys and/or blankets upon request. If you do choose to leave personal belongings, please be sure to mark your pet's name on them with a permanent marker. **Initials** \_\_\_\_\_

Your pet(s) will be available for discharge after **9:00 am** on the specified date to go home or **AFTER 2:00 pm** if getting a bath. **Initials** \_\_\_\_\_

### **Additional Special Services: Please check below**

- Bath by *Groomer* (includes nail trim, anal glands, ear cleaning, light trim, complete brush out, or consult for complete hairstyling)
- Bath by *Kennel staff* (includes ear cleaning, nail trim, and light brushing)
- Nail trim only (\$16.00)
- TLC Package (includes 10 minute off leash play time, treats, brushing) ***excludes weekends and holidays***. Please circle number of TLC's **per day**:  
1    2    (\$6.75 per session).
- Administering medications:  
Once Daily (\$ 4.25) \_\_\_\_\_ Twice Daily (\$ 5.50) \_\_\_\_\_  
Three Daily (\$ 7.00) \_\_\_\_\_ Four Daily (\$8.25) \_\_\_\_\_  
Medications last administered \_\_\_\_\_ Start administering \_\_\_\_\_
- Administer all natural remedy for anxiety once daily while boarding, if needed (\$3.00 per day).

In case of illness, injury, or emergency, I, the undersigned, do hereby give my consent for the doctors of East Orange Animal Hospital to treat and/or prescribe medication to my pet as they deem necessary while being boarded at our facility. In case of a severe illness, we will do our best to reach you at the emergency number that has been provided to us. I furthermore, understand that I will be responsible for all charges incurred if such treatment or medication is necessary. **Initials** \_\_\_\_\_

I have read the forgoing and agree.

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Number (s)

\_\_\_\_\_  
Date of Pick Up

Brief List of items and Medication left with pet:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_