

# MAPLEBROOK PET CARE CENTER CLIENT BOARDING AGREEMENT FORM

<date> <first-name> <last-name> <animal>

**Boarding dates:** Date in \_\_\_\_\_ Date out \_\_\_\_\_

## STATEMENT OF BOARDING POLICY:

- Pets may be picked up and dropped off during regular business hours, which are Mon- Fri: 7:30am – 6:00pm and Sat: 7:30am- 1:00pm
- Drop off and pick up is available between 5-6pm on Sat, between 8-9am Sun and between 5-6pm Sun **BY APPOINTMENT ONLY.**
- **I am aware that this boarding facility does not have 24 hour supervision.** Doctors are available during regular business hours, however we do not guarantee that a Veterinarian will be available on Sundays and/or Holidays
- I understand that personal items may be left with my pet at my own risk. Maplebrook Pet Care Center will not be held responsible for loss/damage.
- Maplebrook Pet Care Center cannot guarantee the health of any animal, but pledges to give appropriate care to all boarding pets. "I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, external parasites, upper respiratory infection & diarrhea."

## EMERGENCY TREATMENT OPTIONS:

"Should my pet become ill or injured, I authorize Maplebrook Pet Care Center to do the following:" **(please check one)**

\_\_\_\_\_ Please contact me prior to any treatment of my pet. (If we are unable to reach you, basic treatment will be provided if necessary.)

\_\_\_\_\_ I authorize treatment of my pet up to \$\_\_\_\_\_ w/o contacting me

\_\_\_\_\_ I authorize any treatment without contacting me.

## BOARDING CHARGE PER NIGHT:

DOGS: \$33.00 PER NIGHT

CATS: \$20.00 PER NIGHT

## DIABETIC CARE:

This additional charge includes administering insulin and monitoring closely to ensure pet is eating, drinking, acting normally.

DIABETIC BOARDING CARE: ADDITIONAL \$30.00 PER NIGHT

## VACCINES/INTESTINAL PARASITES:

If your pet did not receive his/her vaccines at Maplebrook, we require that you provide documentation that vaccinations are current. If any vaccinations are past due, we will need to examine and vaccinate your pet before boarding for his/her protection.

Pets must be current on the following vaccinations:

DOGS: DHPP, RABIES, BORDETELLA

CATS: PRC, RABIES

All pets must also have a negative intestinal parasite exam performed in the last 6 months

**DIET:**

We recommend that you bring your pet's regular food as abrupt food changes may result in vomiting and diarrhea in some pets. We will feed this according to your instructions. Animals without their own food will be fed IAMS dry.

**PLEASE INITIAL ANY EXTRA SERVICES REQUESTED FOR YOUR PET:**

\_\_\_\_\_ INDIVIDUAL RECESS for 20 minutes (\$11.00/time)  
How many times per day?\_\_\_\_\_How many times total during stay?\_\_\_\_\_

\_\_\_\_\_ NAIL TRIM DOGS LEVEL 1-(\$20.00) NAIL TRIM DOGS LEVEL 2\*- (\$50.00)

\_\_\_\_\_ NAIL TRIM CATS- (\$18.00) \*client will be notified prior to level 2

\_\_\_\_\_ Application of a MONTHLY TOPICAL FLEA PREVENTIVE (approx. \$20.00)  
YES \_\_\_\_\_ NO \_\_\_\_\_

**MEDICATIONS/SUPPLEMENTS:**

We will gladly accommodate requests to make certain your pet receives his/her medication or supplements while boarding. The daily charge for this is:

Medication/Supplement administration (\$6.50)

**Please list all medications and supplements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL BELONGINGS:**

**Please list any other items you are leaving with us, such as bedding, toys, food, etc:** (please be aware that any items that could be a potential choking hazard may not be given to your pet, at the hospital's discretion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATS:**

If you are leaving **treats**, please include feeding instructions (ONCE DAILY or TWICE DAILY, how many each time):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**YOU ARE WELCOME TO PREPAY AT THE TIME OF DROP OFF, HOWEVER PAYMENT IN FULL IS REQUIRED AT TIME OF PICK-UP**

I have read this agreement and understand its terms and sign it freely.

SIGNATURE OF CLIENT/AGENT\_\_\_\_\_

DATE\_\_\_\_\_

MY EMERGENCY NUMBER(S)\_\_\_\_\_

Checked in by\_\_\_\_\_(staff initials) Charges in Avimark\_\_\_\_\_ Time\_\_\_\_\_ Charges checked by \_\_\_\_\_