

Animal Medical Center of Highland Village

2810 Justin Road Highland Village, TX 75077 (972) 317-7387

BOARDING CONTRACT – Canine

Date: _____

For the health and well being of your pet as well as to minimize potential health risks to other pets that board at our hospital, all animals to be facilitated must be vaccinated and must be free of external parasites. Our staff reserves the right to check and/or treat your pet for fleas and ticks. If treatment is administered while under our care, an appropriate fee will be added to your invoice.

All canines must have a current Rabies Vaccination and DHLPP/PV/VC as well as a Bordatella.

Date In _____ Date Out _____

While in the hospital please check: _____

Medications to be given while boarding: 1. _____ at _____
2. _____ at _____
3. _____ at _____

There will be an additional charge of \$3.20 daily for medications administered by our staff while pet is boarding.

Any items left with your pet should be limited to two, and we cannot be responsible for any lost, torn, or soiled items. Please list all items, which accompany the animal while boarding: _____

All dogs boarded over three (3) days are **required** to be bathed before going home. This will be done at ½ the regular bath fee.

I, the owner of _____ agree to promptly pay for any and all additional veterinary services rendered to my pet while facilitated at Animal Medical Center of Highland Village. We will make every effort to contact you should an illness arise. While boarding all dogs are walked 2 times a day. By signing below, I authorize my animal to be walked outdoors on a leash. We will take all actions necessary to prevent an animal's escape, but can not be responsible for the escape of your pet due to circumstances beyond our control.

Charges are payable the day your pet is picked up. Pets are released only during normal office hours. If I neglect to pick up my pet within 5 days of the above date you may assume that my pet is abandoned and may dispose of as deemed professional and necessary.

Emergency contact # _____

Signed _____

Legal Owner/Agent