

BOARDING AGREEMENT

Walker Veterinary Hospital, 7600 West Lane, Stockton, CA 95210, (209) 478-8883
Monday-Friday 7am-7pm, Saturday 8am-3pm, Sunday-Closed

Client Name:	Pet's Name:
Drop-off Date&Time: ____/____/____ at ____ AM / PM	Pick-up Date&Time: ____/____/____ at ____ AM / PM

Check in/out time is at 12pm. Early check-in and late check-out is an additional day charge

- **Dogs:** Run - \$35/day, Puppies - \$35/day, Cage - \$32/day, **Cats:** \$25/day (includes feeding+outside time twice daily)
- **Medication/supplement administration** - additional \$5/day (up to 5 medications, 3 times a day) per pet
- **Insulin administration** - \$5/per injection
- **Additional feedings** - \$2/day per pet
- **Medical boarding** - \$60/day (for pets with poor mobility needing assistance, wound care, more medication administration daily, etc)
 - Required to have an examination with a veterinarian here prior to boarding stay, please contact us to schedule.

Requirements

- Vaccinations - **Dogs:** Rabies, bordetella, influenza, and DHPP. **Cats:** FVRCP, Rabies.
- Deworming within 6 months
- Must be free of external and internal parasites. If seen, treatment will be done at your expense.

Available additional services available upon request:

- Extra play time per day - \$20.00
 Deworming - \$30.00
 Pedicure - \$30.00
 Anal Sac Expression -\$35.45
 Microchip ID - \$65.04
 Physical Exam - \$75.00
 Fecal Analysis - \$70.26
 Grooming - Request Estimate
 Preventative Blood Work - Request Estimate
 Vaccinations - Request Estimate

Feeding Instructions (Bringing your pet's regular diet is encouraged to decrease any digestive issues, but we can provide food):

Medications:

Other Notes:

The utmost care will be used against injury, escape, or death of your pet(s). Walker Veterinary Hospital and its staff will not be held liable for problems that develop, provided that reasonable care and precautions are followed. I understand that while my pet(s) is fully vaccinated, vaccines are not guaranteed and there is a risk that my pet(s) may contract a contagious disease or illness. I understand that any problems that may develop with my pet will be treated as deemed best by staff/veterinarian. I assume full responsibility for the treatment expenses. I understand there may be times when no personnel are on the premises. Multiple family pets will be housed separately. If your pet becomes anxious or cage aggressive during the stay, they will be prescribed anti-anxiety medication at your expense. If for any reason your pet is not picked up within 14 days from the original pick up date without any communication, it is considered abandonment.

In case of a medical emergency, my initial expense authorization is \$2000.00 or as noted here: \$_____.

Initial: _____

Signature:

Emergency #:

*****OFFICE USE ONLY*****

List any belongings left with pet & place in bin with name on it:

- Boarding Agreement completed/signed
- Estimate signed/deposit made
- Vxn verified/entered in patient reminders, ER number noted on client card
- Fill out boarding sheet +/- medication sheet
- Schedule groomings/bath on Clientrax on p/u date PRN

No. days: _____

Client Name:	Pet's Name:
Drop-off Date&Time: ____/____/____ at ____ AM / PM	Pick-up Date&Time: ____/____/____ at ____ AM / PM
Check in/out time is at 12pm. Early check-in and late check-out is an additional day charge	
<ul style="list-style-type: none"> ● Dogs: Run - \$35/day, Puppies - \$35/day, Cage - \$32/day, Cats: \$25/day (includes feeding+outside time twice daily) ● Medication/supplement administration - additional \$5/day (up to 5 medications, 3 times a day) per pet ● Insulin administration - \$5/per injection ● Additional feedings - \$2/day per pet ● Medical boarding - \$60/day (for pets with poor mobility needing assistance, wound care, more medication administration daily, etc) <ul style="list-style-type: none"> ○ Required to have an examination with a veterinarian here prior to boarding stay, please contact us to schedule. 	
Requirements <ul style="list-style-type: none"> ● Vaccinations - Dogs: Rabies, bordetella, influenza, and DHPP. Cats: FVRCP, Rabies. ● Deworming within 6 months ● Must be free of external and internal parasites. If seen, treatment will be done at your expense. 	
Available additional services available upon request: <input type="checkbox"/> Extra play time per day - \$20.00 <input type="checkbox"/> Deworming - \$30.00 <input type="checkbox"/> Pedicure - \$30.00 <input type="checkbox"/> Anal Sac Expression -\$35.45 <input type="checkbox"/> Microchip ID - \$65.04 <input type="checkbox"/> Physical Exam - \$75.00 <input type="checkbox"/> Fecal Analysis - \$70.26 <input type="checkbox"/> Grooming - Request Estimate <input type="checkbox"/> Preventative Blood Work - Request Estimate <input type="checkbox"/> Vaccinations - Request Estimate	
\$ Per night: _____ Person completing check in: _____	<input type="checkbox"/> Schedule exam/tech appt on Clientrax PRN <input type="checkbox"/> Hang estimate on glass window