



1745 Mileground
Morgantown,
West Virginia 26505
304 296-7387

Boarding Agreement for Year: _____

Owner/Agent Name: _____

Pet(s) Name(s): _____, _____, _____

A. Vaccines:

In order to board your pet(s), his/her rabies vaccine must have been given within the last twelve (12) months if your pet is less than two (2) years of age, or within the last twenty four (24) months if your pet is over two (2) years of age. All other vaccinations must have been administered within the last twelve (12) months. If your pet does not receive its vaccines at our hospital, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet(s) must be vaccinated before boarding for his/her protection with documentation to verify the same. The cost of vaccines administered at our hospital will be added to your bill.

Pet(s) Name(s): _____, _____, _____

Dates: Rabies: _____, _____, _____

DA2PPLC/FVRCCP _____, _____, _____

Bordetella: _____, _____, _____

Fecal: _____, _____, _____

B. Statement of Kennel Policy:

1. Pets may be picked up Monday – Friday 9:00am through 6:30pm, Saturday 9:00am through 1:00pm and 6:30pm through 7:00pm, and Sunday 6:30pm through 7:00pm.
2. Personal items may be left only at your own risk. We are not responsible for loss or damage.
3. Paw Prints Veterinary Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pet(s).

4. Should the pet(s) identified on this record become ill, I hereby request that the Paw Prints Veterinary Clinic provide all responsible medical/surgical treatment it deems necessary. I acknowledge that in the event of my pet's illness, the doctors and staff at Paw Prints Veterinary Clinic may not be able to contact me immediately, and are therefore authorized to initiate appropriate treatment until I can be reached. I agree to pay all related expenses associated with the treatment of my pet(s) until I am available to discuss further care and costs with the attending veterinarian.

5. Should the pet(s) identified on this record present with a flea and/or tick infestation, I hereby request that Paw Prints Veterinary Clinic provide all appropriate external parasite treatment it deems necessary. I agree to pay all related expenses associated with the treatment.

C. Fee Schedule:

Dogs: Boarding per day in a run	\$30.00 including tax
Boarding per day in a cage	\$25.00 including tax
Cat: Boarding per day	\$20.00 including tax

Dogs that board a minimum of three (3) full days will receive a cleansing bath prior to discharge, at the veterinarian's discretion.

D. Agreement:

I agree to make complete payment to Paw Prints Veterinary Clinic at the time of discharge.

I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone within the past ten (10) days.

I understand that if I fail to pick up my pet(s) within fifteen (15) days of notification to the address indicated below, my pet(s) will be considered to be "abandoned", and will be handled in the best interests of the animal and the clinic, and that doing so does not relieve me of my financial obligations.

I hold Paw Prints Veterinary Clinic harmless for conditions that are sometimes unavoidable in boarding environments such as, but not limited to, weight loss, diarrhea, rough hair coat, upper respiratory infection, and fleas.

I have read and understand the above, and am in full agreement.

Signature of Owner

Date

Address of Owner: _____
