

Cherry Valley Animal Clinic
BOARDING AGREEMENT

Date: _____		Owner's Name: _____	
Pet Name: _____	DHLPPC: _____	FVRCP/Felv: _____	Bord: _____ RV: _____
Pet Name: _____	DHLPPC: _____	FVRCP/Felv: _____	Bord: _____ RV: _____
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This agreement is made between the animal owner and Cherry Valley Animal Clinic. I, as owner of the animal(s) to be boarded agree to pay Cherry Valley Animal Clinic for boarding starting _____ and ending _____. I further agree to pay any medical services requested at the usual rate of the clinic.

Should any boarding animal become ill or seem to require medical attention during its stay, we reserve the right to administer aid and/or use any available veterinarian appropriate. The owner in addition to all other fees shall pay any expenses so incurred.

Daily boarding charges begin on the date listed above. Owner agrees to notify Cherry Valley Animal Clinic, in advance, if there are any changes to the above dates. No boarded animal will be released until charges are paid in full.

Any animal left uncalled for or unpaid for shall at the option of the clinic, be disposed of 7 days from the scheduled pick up date shown above. Owners shall remain liable for the complete boarding bill as well as others charges incurred in the normal care, maintenance and disposal, if necessary of boarded animals.

The owner, or agent, of a boarded animal agrees to pay all expenses, including reasonable attorney fees incurred by the Cherry Valley Animal Clinic in the collection of any boarding, grooming, veterinary or other charges, incurred by the owner through an animals being boarded at the clinic.

I hereby consent and authorize Dr. Burgin to prescribe for, treat, or operate upon:
(Pet's name) _____.

Your are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will be held liable or responsible in manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Written notice will be mailed to remove animal (s). Five days after such written notice the animal (s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your hospitals, including the cost of keeping.

I understand that if my pet is found to have fleas or evidence of fleas (such as flea dirt) while boarding that Cherry Valley Animal Clinic will administer Frontline flea treatment at the owner's expense of \$23.75 per treatment.

I understand that my pet may be due for and receive kennel cough vaccination (bordetella) to prevent kennel cough. I realize that because this vaccine was not given at least five days prior to boarding that my pet may contract kennel cough. I have read the foregoing and agree.

Signature: _____ Emergency Number: _____

I would like to take advantage of the TLC program during my pet's stay at \$5.00 for once a day _____ or \$8.00 for twice a day _____	
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Toe nail trim	\$17.00 _____	Agility Course 30 minutes	\$10 _____
Cat nip	\$1.00 _____	Bath/Brush/Blowout	_____
Hextra chew	\$1.50 _____	Full groom by the groomer	_____
Teeth brushing	\$1.00 _____		