

Animal Clinic of Los Alamos Boarding Agreement

Please fill out a separate agreement for each pet

Owner Name: _____ Date: _____

Pet Name: _____ Current Weight: _____

Date of Pick Up: _____ Time of Pick Up: _____

***Check out time is before 1:00 pm Mon-Fri, Sat 9:00 to Noon, and Sun 4:00 to 4:30pm.**

***Boarders picked up on Sunday and after 1:00pm Mon-Fri are charged for the day of pickup.**

Boarding Requirements:

- 1- All boarders must be current on all required vaccines; if any are needed, we will administer them at your expense. Required vaccines for dogs are Bordatella, DAPP, and Rabies. Required vaccine for cats are FVRCP and Rabies.
- 2- All pets boarding at ACLA must have had an exam within 12 months prior to boarding. Pets older than 10 years must have had an exam within 6 months prior to boarding.
- 3- Pets that have major medical needs and pets needing special care may be required to stay in our hospital ward. If so, hospitalization fees will replace boarding fees.
- 4- Diabetic patients must have a consultation with a veterinarian scheduled either at drop-off or the day prior to determine if your pet will require hospitalization during its stay with us.
- 5- All personal items must be marked and listed below. We are not responsible for lost items:

Personal Items: _____

Diet:

We currently provide Royal Canin intestinal care diets for all boarders. For finicky cats, we offer a variety of flavors of Friskies' canned diets. If your pet is on a special diet, please note below.

Special Diet (provided by owner) _____

Feeding instructions (frequency and amount) _____

Medical Concerns:

Medications to be administered (at additional cost)

Medication	Strength	Amount	Frequency
------------	----------	--------	-----------



Animal Clinic of Los Alamos Boarding Agreement

Please fill out a separate agreement for each pet

Pet Resort staff are well-trained, compassionate caretakers but are not certified technicians. To help them determine if your pet may be ill, please provide the following information.

Known Medical Conditions: _____

My pet normally urinates _____ times a day.

My pet normally has a bowel movement _____ times a day.

My pet normally eats _____ cans and/or _____ cups of food _____ times a day.

My pet last had flea and tick prevention applied/given on _____

ADDITIONAL SERVICES: (Additional costs apply. Please initial those you wish us to perform.)

My pet needs a physical exam: Yes _____ No _____ If yes, please list your concerns: _____

Vaccinations (please list) _____

Bath (10% off baths while boarding) _____ Extra play time _____ Heartworm test _____

Anal glands expressed _____ Nail trim _____ Bloodwork _____ Urinalysis _____

Other (Please list): _____

Emergency Contact Information for Injury or Illness:

Name of Emergency Contact: _____

Contact's Phone Number(s) _____

Please read and initial each statement and sign below.

_____ If my pet has diarrhea, urinary concerns, or appetite concerns due to boarding, storms, food change, stress, illness, etc., I give ACLA permission to diagnose (exam, fecal tests, urinalysis and/or bloodwork as decided by a veterinarian) and treat prior to contacting the emergency person.

_____ I understand that if my pet soils him or herself while boarding, a bath will be given at my expense.

_____ In cases of illness or injury, if the emergency contact person cannot be reached, I authorize the staff of the ACLA to provide the treatment they deem necessary up to the cost of \$_____. I understand that the cost of this treatment is my responsibility. If no monetary limit has been provided above, I agree to be responsible for all expenses incurred during the diagnosis and treatment of my pet's illness.

_____ I certify that my pet boarding at the Animal Clinic of Los Alamos is in good health or that all known health conditions have been disclosed.

X _____

Owner or Responsible Party

_____ Date

