



Merrimack Veterinary Hospital
BOARDING AGREEMENT

Person(s) to Contact
In Case of Emergency: _____
Emergency Phone Number(s): _____
Boarding Rate Per Day: _____
Suite Assigned/Requested: _____
Date In: _____ Date Out: _____

Check out Time is 11 am. Pick up after 11 am will accrue a charge for that day.

FOR YOUR PET’S HEALTH

Medical Requirements: To insure the protection of ALL pets under our care, the following must be current and there must be no evidence of internal or external parasites (ie. fleas/ticks) on your pet:

Annual Veterinary Exam Distemper Rabies Annual Fecal Floatation Kennel Cough (dogs only)

I understand that my pet will not be admitted to Boarding if the above are not current. I also understand that Merrimack Veterinary Hospital will provide treatment in accordance with the above policy at the owner’s expense if evidence of internal or external parasites is noted on my pet during his/her stay.

The boarding staff makes every effort to provide a safe and comfortable environment during your pet’s stay. However, there is always the possibility that your pet may sustain an injury. The most common injuries that occur in boarding are bruises, lameness, abrasions, scratches and puncture wounds.

Additionally, certain illnesses and infections can be transmitted by other sub-clinically contagious animals. Animals identified as infectious will either be removed from the boarding environment or isolated to the extent possible.

Minor illnesses can also occur. These include, but are not limited to, intestinal upsets (vomiting or diarrhea), coughing and skin irritations. These types of problems usually resolve with appropriate treatment.

If your pet develops one of these problems, a hospital veterinarian is available to examine and treat your pet. Please indicate your preference by initialing below.

_____ **I want the veterinarian to examine and treat my pet. I accept responsibility for any/all costs that may be incurred. This would include an exam charge along with injections, medications, or additional treatments as deemed appropriate.**

_____ **I do not want any exam or treatment unless given specific authorization.**

In the unlikely event that your pet develops a severe or life-threatening illness we will make every effort to contact you. If no one can be reached please indicate your wishes below.

_____ **Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I accept responsibility for any/all costs that may be incurred.**

_____ **Do not administer any medical treatment other than supportive care until specific authorization is given. Supportive care refers to medications and/or treatments used to alleviate pain, suffering and to stabilize vital signs. I accept responsibility for any/all costs that may be incurred.**

Please list any medications or prescription diet (along with diet instructions) that your pet requires

Does your pet have any preexisting medical conditions that we should be aware of? (The kennel staff does not review medical records). YES ___ NO ___ Please list below.

Note: There is an additional charge of \$8 per day for medication administration. If your pet is on insulin, you must bring your own insulin. The charge for insulin administration is \$18.00 per day. All medications must be in the original container and clearly labeled with the drug name, dosage and administration instructions.

Note: Diets brought from home must be packaged in plastic bags (one meal per bag). For pet safety, diets may not contain raw meat of any kind or animal bones (cooked or uncooked).

Additional Services for Boarding

Day Care Only: If you would like your pet to go into daycare, but do not wish to have package above there is a charge of \$8.50/day for daycare Dates to participate in day care: _____, _____, _____, _____, _____

Kong Toys: We routinely freeze Kong toys of various sizes filled with yummy peanut butter or cheese. Most dogs will lick and lap at them for hours each day, thus preventing boredom and helping to relieve anxiety. Dogs absolutely love them! A charge of \$4.50 per Kong will be incurred if you would like your pet to receive one of these tasty treats. Dates to receive Kong Toy: _____, _____, _____, _____, _____, _____, _____

Entertainment Package: This package includes 2 interactive group daycare sessions per day, and a daily kong filled with your choice of peanut butter or cheese. This package is great for our energetic guests that prefer some enriching activities during their stay. + \$10/day Would you like the daily package above? Yes _____ or No _____

While your pet is staying with us, are there any additional services you would like us to do for you? Example grooming, nail clipping, vaccines etc. Yes ___ No ___

List the names of all individuals authorized to pick up your animal (including children):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

What payment arrangements have you made with this person? _____

Merrimack Veterinary Hospital does not accept personal belongings for boarding guests.

Boarding Hours:

Arrival & Pick-up Times: **Mon – Thurs 7:30am – 8:00pm, Friday 7:30 am – 6 pm, Saturday 8:00 am – 1:00 pm.**

Sunday hours are for pick up only, 9 am – 11 am and 4 pm - 6 pm.

Reminder: Check Out Time is 11 am. Pick up after 11 am will incur a charge for that day.

Owner Signature: _____ Date: _____

Staff Only :

Staff Initials at Check In: _____ Staff Initials at Check Out: _____
Medications Returned: _____ New Medication to Owner: _____ Food Returned: _____ All Charges In: _____