



3747 S. Dixie Dr. Kettering, OH 45439 • 937-293-1993 • www.hdvvet.com
Scott MacDonald, DVM Elizabeth Maimon, DVM

Hills and Dales Veterinary Clinic Boarding Agreement

Owner or Owner's Agent Name: _____

Pet's name(s): _____

Reservation dates: _____ Release time: _____

I am aware that if my pet has any fleas, ticks, or other external or internal parasites, he/she will be treated at my expense. This is to ensure the safety and well-being of all patients at Hills and Dales Veterinary Clinic. **The best phone numbers in which I can be reached are:**

_____.

In the event you cannot be reached, please list an emergency contact name and number who is authorized to make medical, surgical and financial decisions about your pet's care.

Emergency Contact: _____ Emergency Number: () _____.

You are always welcome to contact our practice if you have questions or concerns. A veterinary team member will contact you while your pet is in our care in the event additional treatment is needed.

Pet's name: _____ Own food or Kennel food Amount & frequency: _____

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Vaccines must be administered by a licensed veterinarian and must be current in the last calendar year with written proof of the following inoculations.

Vaccines (In House Use):

Pet: _____ DHPP/DHLPP _____ Bordetella _____ Rabies _____ Influenza _____ HW _____ Fecal _____

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Pet: _____ FVRCP _____ Rabies _____ FeIV/FIV Test _____ Fecal _____

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Has your pet developed any new health concerns since you last spoke to the veterinarian?

_____ Y _____ N If yes, please explain: _____

List any medications your pet is currently taking:

Pet's name: _____ Medication: _____ Last given & frequency: _____

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Pet's name: _____ Medication: _____ Last given & frequency: _____

Pet's name: _____ Medication: _____ Last given & frequency: _____

Reservation Fees:

Deluxe Small Run (3' x 5): \$30 per day x number of days: _____ = _____

Deluxe Large Run (4' x 6''): \$30 per day x number of days: _____ = _____

Canine Condo (36" x 30''): \$25 per day x number of days: _____ = _____

Feline/Exotic Condo (25" x 17''): \$20 per day x number of days: _____ = _____

Isolation Ward (assisted living): \$32 per day x number of days: _____ = _____

I verify I am the owner (or Authorized agent for the owner) of the above named pet(s) and give voluntary and informed consent to Hills and Dales Veterinary Clinic for boarding services for my pet(s). If your pet(s) is/are not current for vaccinations prior to boarding, vaccinating your pet immediately prior to or during boarding will not be protective against clinical disease. Bordetella (kennel cough) vaccine must be administered at least 7 days prior to boarding. DHPP/DHLPP, Influenza, FVRCP and Rabies vaccines must be administered at least 21 days prior to boarding in order to provide adequate protection.

Should my pet(s) become ill, I hereby request that Hills and Dales Veterinary Clinic provide all medical and surgical care deemed necessary. I acknowledge that in the event of my pet's illness, the staff at Hills and Dales Veterinary Clinic may not be able to contact me or my emergency contact person immediately and therefore are authorized to initiate any and all treatment until I can be reached. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why treatment may be necessary, advantages and possible complications, as well as possible alternative modes of treatment. The attending veterinarian will use reasonable precautions for the well-being of my pet but will not be held liable for conditions beyond his/her control.

I agree to pay all expenses associated with the treatment of my pet(s) until I am available to discuss further care and costs with the attending veterinarian and I understand payment is **due** at the time my pet is discharged. Hills and Dales Veterinary Clinic reserves the right not to admit a pet based temperament and level of sociability. **All cats must be in a carrier and all dogs must enter and exit on a leash or in a carrier.**

Personal items may be left at the owner's risk. We are not responsible for lost or damaged personal property.

I have read, understand and agree to the aforementioned terms of this boarding agreement and consent for treatment.

Signature of Owner/Agent: _____ Printed Name: _____ Date: _____