

# Boarding Agreement

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pet: \_\_\_\_\_  
Owner: \_\_\_\_\_

Client #: \_\_\_\_\_  
Patient #: \_\_\_\_\_

Please be advised; Charges apply per day, regardless of arrival time, beginning the day the pet checks in. If your pet departs BEFORE 1 p.m. there will be no charge for that day. Hospital policy is that all charges are due and payable upon time of discharge. I understand this policy and have read and agree to all of the information listed below. PETS ARE RELEASED ONLY DURING REGULAR HOSPITAL HOURS. I have been informed that AMC of Mt. Washington does not provide 24 – hour supervision.

**Proof of Vaccination:** To insure the protection of all animals under our care and to prevent the spread of infectious diseases, animals boarded must be current on all vaccines. PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION. **\*\* (REQUIRED)**

Dogs: <b>DHPP**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current	<b>Cats: FVRCP**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current
<b>Bordetella**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current	<b>Rabies**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current
<b>Rabies**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current	<b>FELV**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current
<b>Influenza**</b>	<input type="checkbox"/> Due	<input type="checkbox"/> Current	Exam	<input type="checkbox"/> Due	<input type="checkbox"/> Current
Exam	<input type="checkbox"/> Due	<input type="checkbox"/> Current	Fecal	<input type="checkbox"/> Due	<input type="checkbox"/> Current
Fecal	<input type="checkbox"/> Due	<input type="checkbox"/> Current			
Heartworm	<input type="checkbox"/> Due	<input type="checkbox"/> Current			
Lyme	<input type="checkbox"/> Due	<input type="checkbox"/> Current			
Lepto	<input type="checkbox"/> Due	<input type="checkbox"/> Current			

**Medication:** All medications to be given must be labeled with the pets name, drug name & dosage/administration. Unclear or improperly labeled medication will not be given. An additional minimum fee will be added for administering medication.

- No medication is required.
- Yes, administer the medications provided. Number of medications: \_\_\_\_\_  
Time this pet last received medication: \_\_\_\_\_

**Feeding:** All pets are fed twice daily and are given our house diet of Hills Science Diet Canine Sensitive Stomach or Hills Science Diet Feline Maintenance, unless a special diet has been provided by the owner.

- Please feed my pet the house diet.
- My pet requires special feeding. Special food & amount: \_\_\_\_\_  
Time of last meal: \_\_\_\_\_

**Bathing Policy:** To insure a clean and safe environment for all pets at the Animal Medical Center, pets must be free of fleas and ticks. Any pets found to have fleas or ticks will be treated at the owner's expense. In addition, any pet can be bathed before going home. Please note that any pets bathed on the day of departure may not be ready before 1 p.m.

Baths are an additional fee.

- Yes, bathe my pet before the pick-up time.  No, do not bathe my pet.

If any property damages are caused by your pet you, the owner, are responsible for repair costs.

Animal Medical Center of Mt. Washington, 1620 Sulgrave Avenue, Baltimore, MD 21209 410-367-8111

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pet Owner / Authorized Agent Signature