



Boarding & Daycare Contract

Client Name: _____ **Client #** _____

Pet(s): _____

Medical Authorization:

Should your pet become ill or injured during their stay, we will make every attempt to contact you at the information provided before administering any treatment. If medical intervention should become necessary, and/or we are unable to reach you, **please choose one** of the following options:

I authorize Red Hill Animal Health Center to provide all medical care deemed necessary and agree to pay for all the expenses occurred.	OR	Do NOT take extensive measure. I authorized Red Hill Animal Health Center to provide medical up to \$_____ for a single illness/injury.
Initial here:		Initial here:

**In the highly unlikely event that your pet passes away while here in our boarding facility, we will contact you immediately and hold your pet for further instructions. (This statement is required by the USDA and PACFA.)*

Vaccination Policy: All pet's admitted into our general boarding or daycare areas are required to be fully vaccinated. All medical records must be received prior to your pet's stay. Any animal without the required vaccinations will be charged isolation fees and kept separate from other pets. We required rabies, distemper/parvo & bordetella (kennel cough) for dogs and rabies and FVRCP for cats.

Medications: If your pet will be receiving prescription medications during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's contact information. Extra charges will apply. (This does not apply to vitamins and nutritional supplements.)

Food: We feed Royal Canin Gastrointestinal Low Fat dry food as our house-diet at no additional charge. If your pet is on a special diet or has a sensitive stomach we recommend bringing your pets own food. All food must be individually labeled in storage bags or containers with pets name and specific feeding instructions.



Boarding & Daycare Contract

Personal Items: I understand that I am welcome to leave my pet's personal belongings to make them feel more comfortable and at home during their stay however, Red Hill Animal Health Center cannot assume responsibility for items lost or damaged. All personal items should be labeled with pet's name.

General Health: Red Hill Animal Health Center cannot guarantee the health of any animal, but pledges to provide a high level of care to all boarding guest. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments including, but not limited to, diarrhea and/or loose stool, vomiting, decreased appetite, weight loss or gain, kennel cough, upper respiratory infection and in rare instances stomach bloat in dogs. If medical treatment should be necessary we will make every attempt to contact you and follow the medical care authorization on this boarding contract. To the best of my knowledge my pets(s) appear to be free of any contagious disease and I have disclosed any know health conditions or concerns about my pet to the staff.

_____ **initial**

Abandoned Pets: I am aware that if I fail to pick up my pet(s) within 5 days of the discharge date, and no other arrangements have been made, my pet will be considered abandoned and will be handled in accordance with Colorado State Law. This does not relieve me of my financial obligation.

_____ **initial**

Punch Passes: Punch passes do not expire but are non-refundable.

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT.

SIGNATURE OF OWNER OR AGENT DATE

PRIMARY CONTACT: _____ PHONE # _____

ADDITIONAL CONTACT: _____ PHONE # _____

EMAIL ADDRESS: _____



Boarding & Daycare Co-Mingling Authorization

Client Name: _____ Client # _____

Pet(s): _____

Behavioral: Check any behaviors that apply to your dog(s).

____ My pet is protective of area and/or possessions.

____ My pet has been known to chew bedding, toys, clothing etc.

____ My pet has been known to nip or bite other pets.

____ My pet has been known to nip or bite people.

____ My pet WILL bite or nip other pets.

____ My pet growls, shows teeth and viciously barks at other pets.

____ My pet has never shown aggression towards other dogs and **I authorize my pet to co-mingle or play** with other dogs under the supervision of Red Hill Animal Health Center staff.

Acknowledgment of Risks:

I understand that there are inherent and potential risks involved with interactions between humans and dogs as well as between dogs and other dogs, especially with dogs involved in group play and co-mingling. These risks may involve property damage or bodily injury. The Red Hill staff will make every effort to match personality, size and play-styles of dogs that are placed in playgroups but some risks may occur including, but not limited to dog scratches, nipping or bites.

_____ *initial*

Additional Information: Any other information you would like to tell us about your pet(s).

*If you no longer want your pet to be co-mingling at our facility please inform a staff member when checking your pet into boarding or daycare.

Signature of owner: _____ Date: _____

Location: staff (S:) Kennel