

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.**

Dogs:	DHLPP	<input type="checkbox"/> Due	<input type="checkbox"/> Current	Cats:	FVRCP	<input type="checkbox"/> Due	<input type="checkbox"/> Current
	Bordetella	<input type="checkbox"/> Due	<input type="checkbox"/> Current		Rabies	<input type="checkbox"/> Due	<input type="checkbox"/> Current
	Rabies	<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				

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: _____

1. _____	2. _____
3. _____	4. _____
5. _____	5. _____

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: _____

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. **I understand that if I request my pet to be bathed on the day of departure that additional boarding charges will apply.** _____
(initial)

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