



Setauket Animal Hospital Boarding Agreement

Client Name:	Pets Name:	
Emergency Contact Name and Phone/E-mail:		
Check-in Date:	Check-out Date:	Pick-up Time:

Please be aware that this estimate may change if an emergency arises while your pet is boarding. By signing this agreement, you are acknowledging that additional costs may be incurred upon unforeseen medical circumstances.

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, will become the property of Setauket Animal Hospital and will be handled according to our best judgment.

Initial: _____	ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION BY A DVM of Setauket Animal Hospital and their vaccinations for Rabies, DA2PPV/FVRCP, and Bordetella. If your pet is past due, your pet will be examined and given the necessary vaccinations and current charges will apply. THEY MUST BE FREE OF EXTERNAL PARASITES, and pets found to have evidence of parasites or who are not up to date on prevention will be treated at the owner's expense.
	Date of last treatment: _____

Required Treatments: <input type="radio"/> Examination (\$67-\$70) <input type="radio"/> Rabies (\$45-\$55) <input type="radio"/> DA2PPV/FVRCP (\$40-\$55) <input type="radio"/> Bordetella (\$45) <input type="radio"/> Flea/tick prevention (Price Varies)	Requested Treatments: <input type="radio"/> Spa Package (\$50) <input type="radio"/> Bath only (\$35) <input type="radio"/> Nail Trim (\$16-\$20) <input type="radio"/> Ear Cleaning (\$16) <input type="radio"/> Anal Gland Expression (\$15) <input type="radio"/> Lyme/Lepto/HWT/Fecal/Leu
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If having exam, list concerns:

If you would like your pet to eat his/her typical diet, you must provide the food or an alternative will be provided at current rates (\$5/day).

Food Name	Amount	Feedings per Day	Time Last Fed?

All medications must be in labeled containers. If medications are not provided, you will be charged at the current rates.

Please list any/all medications below, their dosages and instructions

Medication Name	Dose	Frequency of Administration	Time Last Given?

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this agreement and does consent and authorize Setauket Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the wellbeing of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize Setauket Animal Hospital to perform diagnostic, therapeutic, emergency, and surgical procedures as the veterinarian deems necessary for the maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Setauket Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. radiographs, bloodwork, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my pet may need to have another procedure at a future date at my expense.

Authorized Signature: _____

Date: _____