



Feline Annual Boarding Contract

Pet Name:

Client Name:

Phone Number:

Boarding Regulations:

*Pets must be examined by a Countryside Veterinary Hospital veterinarian once yearly for boarding eligibility.

*Boarding pets must be current on all vaccinations. Non-current vaccinations will be given at owner's expense.

*All pets must be free of intestinal parasites. A fecal sample is required once yearly. If we suspect a pet has intestinal parasites, we will test and treat your pet, if applicable, at the owner's expense.

*All pets in our care must be currently on heartworm preventative.

*All pets must be free of external parasites (i.e. ticks, fleas, etc.). If noticed, the pet will be treated at owner's expense.

*For any pet picked up after 11 a.m., Monday through Friday, a late discharge fee will be applied to the invoice. For any pet dropped off before 2:00p.m., Monday through Friday, an early drop off fee will be applied to the invoice.

*A Holiday Differential Fee applies on Memorial Day, Christmas Day, New Year's Day, Labor Day, Thanksgiving Day and 4th of July.

*Payment is expected at time of discharge.

*Countryside Veterinary Hospital is not responsible for lost or damaged belongings.

*All medications must be in original containers.

*We do not accept Raw Diets.

Consent to Treat:

We would like to know how to proceed if your cat develops any medical problems that can arise while boarding. Our primary concern is ensuring your cat's comfort and his/her ability to receive rapid medical treatment should a problem occur. The

Please select from one of the following options:

I give consent to Countryside Veterinary Hospital take initial measures to treat my pet for these conditions should they occur:

_____ I give my permission to have Countryside Veterinary Hospital take initial measures to treat my pet for any urgent medical issues (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with a veterinarian is indicated, I do not need to be contacted first.

_____ I give my permission to have Countryside Veterinary Hospital to treat any urgent medical issues (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with a veterinarian is indicated, I would like to be contacted first.

_____ I would like to be contacted before any measures are taken to treat my pet for any condition. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Countryside Veterinary Hospital will take necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all cost incurred for any exams, diagnostics and treatments provided.

Social Media Release:

Please select whether you approve or decline to give us permission to use your pet's photo as outlined below:

_____ Approve Use _____ Decline Use

I hereby give Vetcor and Countryside Veterinary Hospital permission to use photographs of my pet on facebook and other social media applications.

Client Signature _____ Date _____

This contract is legally binding and will be a part of the animal's permanent record.