



335 Route 35
 Selinsgrove, Pa 17870
 570-374-3544
 petvets@ptd.net
 www.companionanimalhospital.selinsgrove.com

BOARDING CONTRACT

Vaccine Expiration Date:

Rabies: _____ **DHPP:** _____ **Bordetella:** _____

Leukemia: _____ **FVRCP:** _____ **Last Fecal:** _____

Veterinarian to be Called: _____ **Phone#:** _____

Pet's Feeding Schedule: ____ Once Daily ____ Twice Daily ____ Paws Inn Food
 ____ Client Food

Special Feeding Instructions: _____

Pet's Medication Schedule: (There will be an additional \$7.00 fee per day for medication administration and a \$6.00 fee for Insulin administration per injection.) *Medicating Policy: Our staff will do their best to medicate your pet; however, we reserve the right to refuse medicating if the staff member feels that your pet puts them in danger of being bitten or injured.*

Medication Schedule:

Normal Hours for Admission and Discharge:

Mon - Fri: 8am-4pm Sat: 8am-1pm Sun: Closed

After hours admission & discharge must be pre-arranged and are at the discretion of the staff. An After Hours Fee of \$42.40 must be prepaid for this service.

All pets will be checked for fleas prior to entering the kennel area. Those pets found to have fleas who are not currently using Frontline Plus, Nexgard, Capstar, or Revolution will be treated for fleas at the owner's expense.

CANCELLATION POLICY: A 48 hour notice is required; otherwise a fee of \$40.00 or the cost of the boarding reservation (whichever is less) will be charged.

KENNEL AGREES TO:

- Exercise reasonable care, to keep kennel premises sanitary and properly enclosed, to feed and medicate your pet properly and regularly, and to house your pet in a clean and safe environment.
- Notify owner if your pet becomes seriously ill. If owner does not inform kennel immediately regarding measures to be taken or if the state of the pet's health reasonably demands quick action, kennel will call the veterinarian designated above by owner. If no veterinarian is designated to call, Companion

Animal Hospital Veterinarians will give medical treatment as needed for supportive care until owner is contacted. The owner is responsible for any charges incurred in treating their pet.

OWNER AGREES TO:

- Pay all expenses incurred while pet is boarding at the time of discharge.
- Be aware that Paws Inn is not to be held responsible for any damaged or lost personal items while boarding.

PAWS INN ABANDONMENT POLICY:

Pets are considered to be abandoned if not picked up within ten (10) days of discharge date. Paws Inn will notify the owner in writing by registered mail that the pet has not been discharged. The owner agrees to pay any cost incurred.

EMERGENCY CONTACT PERSON	PHONE#	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner/Agent: _____

Date: _____