



BOARDING AGREEMENT

Pets Name _____

Check-In Date _____ **Check-Out Date** _____

VACCINE POLICY:

In order to protect the health of your pet, this facility requires documentation, from a licensed veterinarian, showing that all boarding pets are current on vaccines. If vaccines need to be updated, they will be done at the time of check in at the owner's expense.

KENNEL POLICIES:

- Flea and tick prevention is highly recommended for all pets boarding at our facility. If any external parasites are found they will be treated at owner's expense.
- Bedding, bowls, and leashes are provided by our facility. Personal items may be left at your own risk. We are not responsible for lost or damaged items.
- Fees are charged on a per day basis, meaning you will be charged the day of drop off as well as the day you pick up unless you arrive before 9:00 am.

Does your pet need any of the following:

☐ Vaccinations ☐ Special Diet

☐ Medications *Additional \$10.00 fee per day for medication administration**

Medication: _____ Directions: _____

I authorize the veterinarian to do whatever is medically/surgically necessary should an emergency arise. I agree to pick up my pet on the above check out date. If failure to do so, a \$5.00/day additional fee will be assessed. My pet will be considered abandoned if I fail to recover my pet within 7 days past the check out date. If this happens, the pet will become property of Parkway Animal Hospital, and disposed of as deemed professionally necessary.

Signature _____ Date _____

Emergency Phone Number(s) _____



Required Notice: Lack of Fire Suppression and Overnight Staff

Parkway Animal Hospital (the “Facility”), as is allowed by Texas law, is not equipped with an on-site fire suppression sprinkler system and does not employ on-site personnel outside of normal business hours. Our normal business hours are Monday-Friday, 8:00am-6:00 pm. Animals will be left unattended from the closing of one business day to the opening of the next. Staff will come twice daily during the days the office is closed (weekends, holidays, etc.) to provide regular care.

I, the undersigned client, hereby acknowledge and give my consent for my pet(s) to be boarded at the facility.

I acknowledge that I have received and read the Facility’s notice on its lack of fire suppression and overnight staffing. I understand and acknowledge that this Facility is not equipped with an on-site fire suppression sprinkler system. I further understand and acknowledge that the Facility will be unstaffed between the hours specified in the notice and that my pet will be left unattended during those times during their boarding stay.

By signing this consent form, I agree to release the Facility, its owners, employees, and agents from any and all liabilities, claims, or expenses arising from my pet’s boarding stay, including but not limited to injuries, illnesses, or death.

I have read and understood the statements outlined in the noticed and in this consent form and release. I voluntarily consent to my pet staying at the Facility and acknowledge that I am solely responsible for any consequences that may arise during their stay.

Signature:_____Date:_____