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**(In home pet boarding)**

A**ddress: Mechanicsville, VA 23111**

**E-Mail: PetStayInn@yahoo.com**

**Website:**  **PetStayInn.weebly.com**

**Hours: 9:00 a.m. – 6:00 p.m. M-F**

**Sunday & Saturday Drop Off 3:00 p.m.**

**Sunday Pick Up 2:00 p.m. to 6:00 p.m.**

**Saturday Pick Up 12:00 p.m. to 6:00 p.m.**

**BOARDING ADMISSION FORM**

- All clients are required to read and sign the boarding admitting form.

- All dogs must have **current immunizations** against Rabies, Distemper, Parvo Virus, and Bordetella. (Need proof of Bordetella, Kennel Cough vaccine) You will need to **show their rabies vaccine certificate** for the first time boarding with us. And provide a copy for us to keep on file.

-All cats must have current immunizations against Rabies and Feline Distemper. You will need to show their rabies vaccine certificate for the first time boarding with us. And provide a copy for us to keep on file.

- All pets must be free of external parasites (fleas & ticks) when admitted for boarding.

- All pets will need to be on monthly prescription flea and tick prevention meds. \*Exceptions to the flea and tick monthly prescription rule can be made if your pet is boarded outside only.

- All dogs over 30 pounds will be boarded outside, however will be brought in during storms, and to cool off/get warm. By signing below you agree to this fact.

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- All pets (dogs & cats) staying inside during their stay, must be house/litter box trained (With the exceptions of puppies & kittens.) By signing below you are stating this to be a true fact about your pet(s).

- All pets must be non-aggressive towards humans and other animals. By signing below you are stating this to be a true fact about your pet(s). **I understand there maybe an additional charge for any pet deemed aggressive during the boarding period.**

- Any pet, at our discretion that requires emergency or immediate veterinary attention will be transported to the nearest animal hospital to receive it. The vet bill will be at the owner's expense.

-Pets requiring daily medication or treatment (such as wound treatment) must be detailed in our Check In/Medical Authorization Consent Form.

-The owner shall provide their pet’s food; detailing their feeding instructions. (Suggested servings and times.) If you choose to leave personal belongings with

your pet we cannot guarantee they will be returned, so please do so at your own risk.

-Pets can be **dropped off** on the day of boarding between **9:00 a.m. to 6:00 p.m. M-F**, and **3:00 p.m. to 6:00 p.m. Sat. & Sun**.**. (No drop offs after 6:00 p.m.)**

- Pets can be picked up on their last day of boarding between **9:00 a.m. to 6:00 p.m. M-F**, and **12:00 p.m. to 6:00 p.m. on Saturday**, and **2:00 p.m. to 6:00 p.m. on Sunday**. All pets **must be picked up** by **6:00 p.m.** on their last day of boarding. If pets are picked up **after 6:00 p.m. you are charged for that day of boarding.**

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**OWNER RELEASE**

I understand you can not guarantee the health of my pet. I understand and will not hold PetStayInn’s owner, or family members responsible for conditions that are unavoidable in boarding pets, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, fleas and ticks. I agree to provide written documentation of the vaccination status administered by a licensed veterinarian. I understand that in the event of my pet’s illness, PetStayInn will immediately attempt to contact me or my second emergency contact (that I have provided on the PetStayInn Check-In/Medical Consent Form) to discuss the problem and treatment options, to initiate appropriate treatment until I or my second contact can be reached.

Should an **EMERGENCY** arise, I authorize animal hospital to sedate my pet and/or perform such emergency procedures as may be necessary for the health of he/she until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet. PetStayInn is to use all reasonable precaution against injury, escape, or death of my pet. Your PetStayInn owner and family members will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

By signing below, I agree to pay an amount of $ \_\_\_ to PetStayInn for the care of my pets listed below for the following dates from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I acknowledge being given a copy of PetStayInn’s Rates, that would confirm the amount listed above.

**I will call if my “pick-up date” changes so you can plan accordingly.** If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may you may assume that my pet/pets are abandoned and are hereby relinquish ownership of he/she to the Richmond SPCA, as this is where PetStayInn would hand over my pet/pets to.

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**Please initial all of the following that apply:**

\_\_\_\_ Please have my pet/pets treated as you deem necessary.

\_\_\_\_ I DO consent to only emergency and supportive care be given to my pet/pets at the closest available Animal Hospital, that PetStayInn transports my pet/pets to. Consult with me for further treatment.

\_\_\_\_ I DO NOT consent to any diagnostics and/or treatments to be performed until I have given consent.

***Please sign here ,after reading this contract.*** ***By signing below you are stating you are in are in full agreement with all things listed on this contract.***

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Pet(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates boarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (s) & Phone Number (s) of Responsible Party (s) to be reached in an Emergency:

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**Special Feeding Instructions:**

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**Medications your pet/pets are currently taking:**

Pet#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet #4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet#5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admitted by (Staff Initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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