



# Healing Paws Veterinary Care & Pet Resort

## Boarding & Daycare Application

Pet Owner's Name:	Other Responsible Party:
Physical Address:	Secondary Telephone (required):
Primary Telephone:	Secondary Email:
Email Address:	Driver's License Number:
How did you learn about our facility?	Referred By:

Pet's Name:	Species:
Sex:	Color & Markings:
Spayed/Neutered?	Veterinary Clinic & Phone:
DOB:	Microchip/Tattoo Number:

**I hereby agree to the foregoing as the owner of the aforementioned pet.**

My pet has dug holes in the past (dogs only): Yes \_\_\_\_\_ No \_\_\_\_\_ N/A (cats) \_\_\_\_\_

My pet has climbed or jumped fences ever in the past (dogs only): Yes \_\_\_\_\_ No \_\_\_\_\_ N/A (cats) \_\_\_\_\_

My pet chews up bedding or toys (dogs and cats): Yes \_\_\_\_\_ No \_\_\_\_\_

My pet has received a veterinary purchased flea and tick preventative in the last 30 days: Yes \_\_\_\_\_ No \_\_\_\_\_

My pet does not get along with or is afraid of other animals (dogs or cats): Yes \_\_\_\_\_ No \_\_\_\_\_

If my pet shows signs of anxiety as deemed by Fear Free standards, I give permission for Healing Paws Veterinary Care & Pet Resort staff to help my pet be more comfortable during their stay using anxiety relieving supplements or, in extreme cases, anti-anxiety medications if necessary. I understand that this will only be done if other techniques such as play time and pheromones do not work to relax my pet first. I will not be charged for anxiety relieving supplements, however if anxiety relieving medications are needed in extreme cases when supplements are not enough, I will pay for the medication used.

Yes \_\_\_\_\_ No \_\_\_\_\_ (if my pet is overly anxious, I may be contacted to bring them home in this scenario)

I further certify that my pet is in good health and has not been ill with any communicable condition nor to my knowledge been exposed to any communicable diseases within the last 30 days. Moreover, I certify to the accuracy of all information given about my pet and have discussed any previous signs of aggression or threatening behavior toward any person or animal. I have read and understand the entire boarding contract. I understand that if my pet acts in an aggressive way, I may be contacted to pick them up prior to the time of their scheduled departure.

**General Terms:** Healing Paws Veterinary Care (HPVC) will exercise responsible care for the safety of your pet, and to keep the boarding premises safe and properly enclosed. Pets will be fed and watered regularly, and housed in clean, safe quarters. The HPVC cannot guarantee against accidents, and we cannot be liable for loss or damage caused by or to our pet guests at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by owners' pet while it is at this resort.

**Payment/Nonpayment:** HPVC charges for boarding space by the day. Owner agrees to pay the rate for boarding in effect on the day the pet is checked into the resort. Payment balance is due upon checkout.

**Check Out Times:** Check out time is between 7:30 and 9:30 AM Monday through Friday. Vacationers will not be charged the boarding fee for the day of check out unless they stay past 9:30 AM that day. Any pet checked out after 9:30 AM will be charged for daycare the day of check out.

**Personal Items:** We make every effort possible to make your pet feel at ease while they are staying with us. HPVC does not recommend bringing personal items from home as they may get lost in the laundry or soiled. We also do not accept fabric or plush items to avoid pest contamination. HPVC is not responsible for lost or damaged personal items.

**Flea-Free Guarantee:** Included in your pet's overnight stay is our "Flea-Free Guarantee". We provide all overnight guests with a single safe dose of Capstar, a well tolerated oral fast acting flea prevention. Even if your pet is already on a flea and tick prevention at home, this guarantees the prevention of a flea infestation throughout the facility as well as greatly decreasing the chance of any fleas hitchhiking a ride home!

**Vaccinations:** Vaccinations are for the protection of your pet, we cannot make exceptions to vaccination requirements. Vaccinations must be given at least 2 weeks prior to stay to provide proper immunity and proof must be brought into our facility prior to your pet's stay if not performed at our clinic. No vaccine provides 100% protection for disease. Canine vaccinations required are rabies, distemper/parvo and kennel cough. Feline vaccinations required are rabies and FVRCP (distemper). Kittens under 1 year of age and cats who spend time outdoors also need proof of current FELV vaccination.

**Preventative Care Requirements:** Feline and canine residents must have proof of negative fecal testing every 6 months to keep our facilities parasite free. Feline residents must have at least 1 negative feline leukemia and FIV test in their lifetime prior to boarding.

**Abandonment:** If the pet is not called for within 10 days after the designated checkout time, the pet will be considered abandoned and will be handled in accordance with state law. All adoption fees and other incurred expenses will be the responsibility of the owner.

**Deposit:** HPVC requires a non-refundable deposit of \$25 to reserve your pet's room for overnight boarding. Upon pick-up, all days reserved will be charged for in full, even in the event of early return. If an extended stay is required there may be additional fees above routine boarding rates.

**Geriatric Pets:** Older pets may experience additional stress in the lodging, daycare, grooming, or training environment. HPVC is devoted to providing exceptional care for guests, including geriatric pets. Your signature acknowledges that you are aware of and accept all age related risks to your pet.

**Medications:** Medications, supplements, or other items will be administered for an additional fee as directed, but medications must be presented in their original containers with instructions for administration. Prescription labels will be followed as to how medication is given.

**Treatment Authorization:** The owner agrees that HPVC, in its discretion, give first aid, medication, or other attention we deem it necessary for the health, and safety of your pet. HPVC is authorized by the owner to provide veterinary care, including emergency care, at the owner's expense. If we believe that your pet is in need of care, time permitting we will attempt to contact you before providing that care, but this document serves as our authorization to provide veterinary care for your pet in the event we are unable to reach the owner. If fleas or evidence of fleas are found on your pet, the owner agrees to allow HPVC to treat for fleas at the owner's expense. The owner is responsible for expenses of veterinary care, whether or not you have been reached in advance. Your signature on this authorization permits HPVC to make reasonable care decisions regarding your pet; and the owner agrees to pay for

all costs incurred for such treatment. In the unlikely event that a pet passes away while a guest of HPVC we will contact you and discuss your options of body care with you.

**Playgroup Risk:** Playgroups are monitored by Pet Care Specialist team members and are paired base on size, age and play style. While Pet Care Specialists keep a close eye on playgroups and are equipped to break up pets as needed, there is still a risk of injury to those pets participating in playgroups. If injury occurs, your HPVC medical team will examine your pet and provide treatment necessary to make your pet comfortable. The owner gives permission to HPVC and its doctors and medical staff, in its discretion, to give first aid, medication, or other attention when deemed necessary for the health, and safety of your pet. HPVC is authorized by the owner to provide veterinary care, including emergency care, at the owner's expense. If we believe that your pet is in need of care, time permitting we will attempt to contact you before providing that care, but this document serves as our authorization to provide veterinary care for your pet in the event we are unable to reach the owner before treatment must be started.

**Monitoring:** Staffing at HPVC varies by season and days. All group play is supervised by a present staff member and all play groups are based on behavior and dog introduction testing by staff. Staff members do not sleep in our building. However, all boarding areas are monitored by camera around the clock. Any time a staff member is not present on the premises, the hospital is locked, monitored by an off-site fire and security alarm company, and the pets are able to be observed remotely by video camera. Pets are only allowed in our locked, fenced-in area when a staff member is present and pets are not walked off site or outside of the fence.

**Payment Methods:** We accept cash, checks drawn from a local bank, debit cards, VISA, and MasterCard.

**Fees:** We charge a \$50 fee for returned checks. Furthermore, in the event you refuse or otherwise fail to make payment owed for services rendered by us in caring for your pet, you are responsible for any and all costs of collection incurred by us, including attorney's fees, to collect payment(s) from you.

**Acknowledgment and Agreement:** I REPRESENT THAT ANY INFORMATION I PROVIDED ABOVE IS ACCURATE AND AGREE TO THE TERMS SET FORTH HEREIN. I UNDERSTAND THAT PAYMENT IS INCURRED BY HEALING PAWS TO COLLECT PAYMENT, IF I DO NOT PAY IN ACCORDANCE WITH THIS AGREEMENT. I HAVE BEEN INFORMED THAT ESTIMATES FOR RECOMMENDED SERVICES/PROCEDURES ARE AVAILABLE UPON REQUEST. I FURTHER UNDERSTAND THAT ALL SERVICES PERFORMED ON MY PET WILL BE INVOICED ACCORDING TO HEALING PAWS' INTERNAL PROCEDURES. I REPRESENT THAT THE INFORMATION ABOVE IS ACCURATE AND AGREE TO THE TERMS SET FORTH HEREIN.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHOTO/ NAME RELEASE:** By signing below, I hereby give Healing Paws Veterinary Care the right to use the name, video and photograph of any of my pets in connection with its website and any promotional materials in any and all media, including printed material, internet, social media, and film for display, public relations and marketing. I hereby acknowledge receipt of adequate consideration and waive the right (i) to charge or be compensated for use of the pictures, and my pet(s)'s name and (ii) to inspect or approve the images prior to any form of usage. I understand that the images may be modified to use as design elements

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_