

Animal Clinic of Troy Boarding Contract

Owner of Pet: _____ Pet's name: _____

As the owner of the above listed pet, I hereby employ Animal Clinic of Troy at 1589 McKaig Ave, Troy, OH 45373 to board and care for the above listed pet(s). I hereby provide evidence that the animal(s) have been fully vaccinated (proof submitted prior to admission) to the facility requirements as listed:

1. DHLPPVCV (distemper) or PRCP (feline distemper)
2. Rabies
3. Bordetella
4. Influenza

In case of illness or injury, Dr. Jennifer Thorpe of Animal Clinic of Troy is given authority to treat and charge all services to the owner's account, charges in which owner will pay upon pickup of the pet(s). I recognize the risk of boarding multiple pets together and assume all responsibility if an altercation occurs and give Dr. Thorpe permission to treat or euthanize depending on severity of injuries at the cost of the owner.

Two attempts will be made to the numbers provided prior to services.

Emergency Contact number: _____

Animal clinic of Troy is expected to exercise reasonable, quality care, keep sanitary quarters, feed and water regularly and according to instructions given per owner, but is held harmless and without liability from any cause whatsoever. Any pet(s) present with fleas upon arrival, they will be given and charged for appropriate flea medication

Any behavior to be aware of (biting, climbing, chewing, aggression etc.)

**ANY DAMAGES CAUSED BY THE PET DURING THE DURATION OF THE STAY WILL BE APPLIED TO THE OWNER'S BILL AS A FEE RANGING BETWEEN \$50 (Minimum)-\$150 DEPENDING ON THE EXTENT OF DAMAGE AT THE PRACTICE OWNER'S DISCRETION. Charges by Animal Clinic of Troy are to be paid upon departure of the pet. In event of non-payment of any charges after it is due, the pet becomes a pledge to guarantee said payment. Therefore, the animal may be sold at private sale and proceeds applied to the charges. Any surplus will be returned to the owner's address on file. Any deficit remains a charge owed on the account. Boarding charges are as follow:

Dog cage	Dog Run	2 dog 1 Run	3 dog 1 run	Cat cage	2 cat 1 cage	Diabetic Animal
\$22/day	\$25/day	\$35/day	\$45/day	\$17/day	\$22/day	\$30/day

The undersigned represents that he/she is the owner of the pet(s) listed and agrees to the above:

Print Name _____ Signed: _____ Date: _____