



HICKORY
KENNELS & GROOMING

Boarding Contract

Valid from: _____

Client Name: _____ Patient Name: _____

Address: _____ Primary Phone: _____

Microchip: _____ Species/Breed: _____ Gender: _____ Color: _____

Markings: _____ Birth Date: _____

By signing, you acknowledge that you have read and agree to the following:

You agree to pay the rate of boarding in effect on the date your pet is checked into the kennel (not the date reservation is made). Rates are subject to change without notice. All boarding fees are based on a per night rate, starting from date of check in up to and including the day of departure. You agree to pay for any additional services requested. All fees for boarding and additional services are due in full upon departure, and must be paid before pet leaves premises. In addition, any expenses incurred by Hickory Kennels on behalf of the pet while in the care of Hickory Kennels are your responsibility and due upon the date of departure.

You understand that extra charges may be added to the bill at the discretion of management for special handling or treatment that is above and beyond routine care. Special handling is defined as services beyond our standard boarding care due to behavior problems, health, or other unexpected care not anticipated at time of check in. You agree to pay all such charges in full at time of departure before your pet leaves the premises.

Any pet remaining five (5) days beyond the designated departure date will be considered abandoned, unless proper notification is received by the kennel. A registered letter will be sent to the above address notifying you that have relinquished your ownership rights if not claimed within five(5) days of the date the letter is sent. This does not relieve you of all costs associated with boarding, caring for and disposition of your pet and you agree to pay all such expenses in full at time of departure before your pet leaves the premises.

You are solely responsible for any and all acts of behavior of your pet at any time within the term and time of the contract. You are financially responsible for any damage done to the kennel premises and/or property by your pet, normal wear and tear excepted.

Hickory Kennels agrees to exercise due and reasonable care and to keep our kennel premises sanitary and properly maintained. Your pet is to be fed properly and to be housed in clean safe quarters which are open to your inspection at any reasonable time.

If your pet becomes ill during their stay, you will be contacted as soon as possible regarding measures to be taken. If we are unable to effect notification within a reasonable amount of time for any reason or if the situation requires immediate action, medical and/or surgical care will be provided by Hickory Veterinary Hospital, Inc. veterinary staff or an emergency clinic designated by the veterinary staff of Hickory Veterinary Hospital, Inc. Expenses incurred for said treatment, being reasonable and customary, shall be due and payable at the time of discharge. _____

Owner's Initials

If your pet becomes injured during their stay, you will be contacted as soon as possible regarding measures to be taken. If we are unable to effect notification within a reasonable amount of time for any reason or if the situation requires immediate action, medical and/or surgical care will be provided by Hickory Veterinary Hospital, Inc. veterinary staff. You give express consent to have your pet transported to Hickory Veterinary Hospital, Inc. or an emergency clinic designated by the veterinary staff of Hickory Veterinary Hospital, Inc. if deemed necessary by the attending veterinarian to provide proper medical/surgical care. You authorize the use of appropriate anesthesia and pain relief medication as needed before or after any procedure and you understand that hospital support personnel will be used as deemed necessary by the veterinarian. If injury is deemed to be due to the express actions of your pet, or due to self-mutilation, you will be responsible for all costs associated with treatment of said injury. Expenses incurred for said treatment, being reasonable and customary, shall be due and payable at the time of discharge and before your pet leaves the premises. _____

Owner's Initials

Hickory Kennels shall bear the expenses of veterinary treatment at Hickory Veterinary Hospital, Inc. only for any injury resulting from the establishment's failure, whether accidental or intentional, to provide the care as outlined above.



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If your pet is not a patient of Hickory Veterinary Hospital, you must provide a vaccine record prior to check in documenting that your pet has received the following applicable vaccines:

DOGS

- Rabies: within 1 year if your pet is less than 1 year of age, within 3 years if older than 1 year of age
- DHPPv: within 1 year
- CIV (Canine Influenza Vaccine): within 1 year
- Bordetella: within 6 months

CATS

- Rabies: within 1 year if your pet is less than 1 year of age, within 3 years if older than 1 year of age
- FVRCP: within 1 year

You represent that your pet is healthy and has not been exposed to any known communicable diseases within the (30) thirty day period immediately prior to boarding. If your pet is not a patient of Hickory Veterinary Hospital, Inc., you agree to disclose all known medical conditions and/or behavior problems which may affect your pet's care prior to check in. You agree to inform Hickory Kennels of any changes in your pet's condition and behavior at or prior to check in for all subsequent boarding stays.

Owner's Initials

Hickory Kennels specifically requires all pets be vaccinated against communicable diseases prior to boarding in accordance with Kennel vaccines policy. Hickory Kennels reserves the right to refuse admittance to any pet that shows signs of illness or that does not meet Kennel vaccine requirements. **Despite these precautions, you acknowledge that your pet will be in an environment with other pets during boarding, and you understand that any pet may harbor and spread a communicable disease. You release Hickory Kennels and Hickory Veterinary Hospital, Inc. from, and waive all claims and liability against Hickory Kennels and Hickory Veterinary Hospital, Inc., for all losses, damages, costs and expenses arising out of or in connection with any communicable disease contracted by your pet during boarding.**

Owner's Initials

On admission of your pet, please advise our staff if you have applied a flea preventative within the past 30 days. If not, we will administer a dose of flea preventative for the comfort and health of your pet and to maintain a flea free environment at Hickory Kennels. The cost of this product is approximately \$26 and will be reflected on your final invoice. Please initial here _____ to show that you have read and understood this policy.

All pets are boarded or cared for by Hickory Kennels and/or Hickory Veterinary Hospital, Inc. without liability on their part for loss or damage from disease, death, escape, theft, fire, injury to persons, other pets or property by said pet or other unavoidable causes, due diligence having been exercised.

I hereby agree to the foregoing as the owner/caretaker of _____.

I also understand that Hickory Kennels and Hickory Veterinary Hospital Inc. are not staffed 24 hours and pets will not be supervised after posted business hours.

Signature: _____ Date: _____

Emergency Contact Information:

NAME/ADDRESS	PHONE NUMBER(S)	EMAIL ADDRESS

Social Media Waiver

I hereby grant permission for photos/ videos of my pet to appear on various social media platforms and or to be used on marketing material (i.e. website, brochures, etc.) _____

Owner's Initials

I hereby grant permission for photos/ videos of my pet to appear on various social media platforms. _____

Owner's Initials

I do not grant permission for my pet to be photographed or videoed. _____

Owner's Initials