

**Morgan City Veterinary Hospital
1014 Chennault Street
Morgan City, LA 70380**

BOARDING AGREEMENT

Owner's/Agent's Name(s) _____

Pet's Name(s) _____

Vaccines

In order to board your pet(s), his/her vaccinations must have been given within the last twelve months. If you pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations done by a veterinarian. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill.

Date of last rabies vaccination _____

Date of last DA2PPL/FVRCP vaccination _____

Date of last Bordetella vaccination _____

Diet

We feed Science Diet Canine Sensitive Skin/Sensitive Stomach dry formula to boarding dogs and Science Diet Feline Adult Hairball dry formula to boarding cats. If your pet does not eat the dry food offered, he or she may be fed additional canned or dry formula foods to entice him or her to eat and the cost of additional items will be added to your final bill.

We will be pleased to feed a prescription diet or another commercial diet of your choice if you bring it with you. Please outline feeding instructions:

Medication

A fee will be charged per day for medications that need to be filled or refilled and given during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions:

Statement of Kennel Policy

1. A full day's board is charged for the first and last days, no matter what time the pet is admitted or released.
2. Pets must be picked up between **8:00am** and **4:30pm**. Discharges after hours are not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. The Morgan City Veterinary Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, fleas, and contagious viruses.
5. Should the pet(s) identified on this record become ill, I request that the following veterinarian or veterinary practice _____ provide all medical/surgical treatment it deems necessary, with fees no to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (pr the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
6. If upon admittance you pet is found to have fleas, ticks, and/or lice it will be treated so as not to infect our kennels and an appropriate fee will be charged to your bill.

Fee Schedule

| Service | Type of Pet | Fee |
|------------------------|-------------------------|-------------------------|
| Boarding | Dog less than 25 pounds | Call clinic for pricing |
| Boarding | Dog 26-50 pounds | Call clinic for pricing |
| Boarding | Dog 51 pounds or more | Call clinic for pricing |
| Boarding | Cat | Call clinic for pricing |
| Bath | Dog | Call clinic for pricing |
| Administer Medications | Any | Call clinic for pricing |

I agree to make complete payment to Morgan City Veterinary Hospital at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with Louisiana state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner/Agent _____ Date _____

Phone _____ Emergency Contact _____