

Stoney Pointe Pet Hospital  
Animal Inn Pet Resort

Boarding Reservation Policy

Pet Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

***Picking up after 11am will result in a charge for the day***

**Monday-Friday**

**8am-11am, or 4:30-5:30pm**

**Saturday and Sunday**

**9am-10am or 6pm-7pm**

**Vaccination Requirements:**

Every boarder must be up to date on all vaccinations and free of fleas at the time of boarding. If a vaccination(s) has to be administered or requires a booster it will have to be given a minimum of three days prior to boarding. If vaccinations are not up to date an exam fee may be charged and your pet may be placed in isolation at the current isolation charge. If vaccinations were given at a hospital other than Stoney Pointe Pet Hospital the records must be received PRIOR to making a reservation.

**Medical Release (please select one of the following):**

One of the benefits of boarding at our hospital is that veterinary care is available should the need arise.

\_\_\_\_\_ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is not necessary to contact me prior to these services/treatments. I accept full responsibility for additional costs incurred in the medical treatment of my pet.

-OR-

We will call the emergency number listed below regarding your pet's symptoms, treatment options. In the event that I am unavailable:

\_\_\_\_\_ I elect minimal treatment for my pet to prevent life-threatening concerns. I understand that minimal treatment can include oxygen, IV fluids, or intensive care treatments. I agree to be fully financially responsible.

\_\_\_\_\_ I decline treatment for my pet without my permission. I understand that if I am unavailable and my pet's life is threatened no treatment will be performed (**Do Not Resuscitate**).

**Fleas:**

All pets are checked for fleas upon arrival. However, it is recommended that all pets be on a reputable flea preventative. If my pet is found to have fleas upon arrival he/she will be put into an isolation kennel and treated at my cost. \_\_\_\_\_ **Initial**

**Diarrhea:**

It is not uncommon for a pet to have diarrhea due to stress. If this happens to my pet I \_\_\_\_\_ **accept** treatment -OR- \_\_\_\_\_ **decline** treatment using an antibiotic called Metronidazole.

**Additional Services:**

I understand that all requested services are an additional cost. This includes but is not limited to vaccines, additional playtimes or walks, medications administered, baths, pedicures, etc. \_\_\_\_\_ **initial**

**Medical Conditions:**

**If your pet has a medical condition, PLEASE, discuss with our staff prior to scheduling boarding.**

I understand that the boarding facility at Stoney Pointe is unable to board my pet if its medical condition requires medical staff to care for it. This includes but is not limited to pets that require injections, harnessing to walk outside, bladder expression, etc. \_\_\_\_\_ **initial**

**Pet Behavior:**

I understand my pet will not be able to board if he/she cannot be handled by the staff. If there is any question about how my pet will react with the environment and staff, I can request a meet and greet prior to boarding. I attest that my pet has not had a problem with boarding or people in the past. \_\_\_\_\_ **Initial**

**Tell us about your pet:**

How would you explain your pet's personality? (EX. Anxious, shy, vocal, has frequent accidents, protective of food or toys, nervous with touch, dog reactive) \_\_\_\_\_

Has your pet ever been aggressive to other pets or to people? If yes please explain: \_\_\_\_\_

Does your pet have any dietary restrictions or allergies? \_\_\_\_\_

Can your pet have treats? \_\_\_\_\_

Does your pet have any medical conditions? If yes please list: \_\_\_\_\_

Please list any medications and their doses that your pet is on: \_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN Stoney Pointe Animal Health Centre AND MYSELF. I HAVE SIGNED IT OF MY OWN FREE WILL. I am 18 years of age or older. I understand the rate schedule and agree that all fees are due and payable when I drop off or pick up my pet(s). I understand that this establishment is not a 24 hour facility and there will be times my pet is left without direct supervision. **It is understood that all provisions of this contract shall be binding upon both parties for this visit and for all subsequent visits.**

Owners Name (Print): \_\_\_\_\_ Emergency # \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

In the event I am unavailable at my Emergency contact number, I authorize the person(s) listed below to speak on behalf of my pet's care and myself. I attest they are at least 18 years of age.

Additional Emergency Contact Numbers:

| NAME | PHONE NUMBER |
|------|--------------|
|      |              |
|      |              |
|      |              |

Internal Use:

|   |  |
|---|--|
| Vaccination records received and current?   | Form has been completely filled out and initialed: |
| Medical conditions have been reviewed with a technician or doctor and cleared for boarding? |  |
| Stoney Pointe Representative:   | Date:  |