



51031 N. US Hwy 60/89, Wickenburg, AZ 85390
Office (928) 684-3070

ANIMAL BOARDING AGREEMENT

Drop-off Date: _____ **am** _____ **pm** _____ **Pick-up Date:** _____ **am** _____ **pm** _____

REMINDER – all pets must be picked up during regular business hours unless authorized

Owner's Name(s): _____

Mailing address: _____ City: _____ State _____ Zip _____

Phone #s: (HM) _____ (C) _____

****Contact person in case of Emergency:** _____ **Phone:** _____
(This information is required in order to board your pets at HVS)

Pet(s) Boarding: _____ Canine Feline
_____ Canine Feline
_____ Canine Feline

Are you providing your own food? Yes / No

Type of Food and Instructions: _____

Ex: wet or dry food; how much at each feeding and how many times per day

Does your pet have any medical conditions that our staff should be aware of? Yes / No

If yes, please explain: _____

Is your pet(s) currently taking medication(s)? Yes No

If so, list **pet name**, **medication(s)** and **dosage(s)**:

***Please note:** *There will be an additional charge of \$2.25/day for pets requiring medication during their stay at HVS.*

List any **personal items** brought with your pet: _____

FOR YOUR PET'S HEALTH:

In an effort to reduce the spread of infectious and zoonotic diseases, HVS does require all pets to be current on vaccinations and the appropriate documentation provided. Thank you for your support and understanding.

Dogs

Rabies
DHPP (Distemper/Parvo)
Bordetella (Kennel Cough)

Cats

Rabies
FVRCP
FelV (Optional)

***If my pet is not current on vaccinations or I am unable to provide proof of such, I give my permission for HVS to vaccinate in accordance with the above policy.** _____

Initials

***If my pet is found to have fleas/ticks, I give my permission for HVS to provide a medicated dip.** _____

Initials

**Additional fees will apply for these services

HVS would be happy to accommodate any additional services you may request during your pets stay. Select any of the following: Microchipping _____ Toe Nail Trim _____ Anal Glands _____
Bath/Dip _____ Dental _____ Examination _____
Other (please describe) _____

All reasonable precautions will be used to protect your pet(s) against illness, injury, escape or death during their stay at HVS. In the unlikely event of any of the above circumstances, HVS and staff will not be held liable provided that reasonable care and precautions were taken based upon company policy and AZ rules/statutes. I assume full responsibility for all expenses necessary to provide medical care as deemed appropriate by the on- staff veterinarian at HVS.

Payment: I understand that I am financially responsible for payment in full for services rendered and that payment is due upon the release of my pet. Should default occur, HVS reserves the right to forward my bill to an attorney or collection agency and I will be held responsible for all expenses including, but not limited to, collection and/or attorney fees.

Abandonment: If the pet is not called for within three days after the time specified for release and if the doctor or staff is not notified of an alternate date within the three day period, the animal will be considered to be abandoned and may be turned over to the proper authorities as deemed necessary. It is understood that this does not relieve me from the accrued fees/debt in full.

I have read and fully understand this Boarding Agreement Authorization.

Signature of Owner or Responsible Party

Date

Thank you for entrusting us with the care of your pets. We value your business and take great pride in treating all pets like they are our very own.

