



Pet Medical Center of Urbandale
4450 128th St Urbandale, IA, 50323
Phone: 515-331-9035

Boarding Agreement & Release Form

Owner:

Pet's Name(s):

Boarding Dates: to Pick up Time: AM or PM
**Must be after 11:00 am if you want a bath

Phone number where you can be reached:

What Flea Preventative is your pet on?

Date Preventative was last given:

Boarding extension requests must be received prior to the agreed upon pick up date or the owner will incur an additional late fee of \$10 per night per pet for each additional night of boarding.

Failure to Reclaim the Animal(s) By Agreed Date: If the owner fails to reclaim the animal(s) by the date set forth in this agreement, the animal shall be deemed abandoned. A Notice of Abandonment and its consequences shall be sent to the owner at their last know address via certified mail within seven (7) days after the animal(s) has been classified "abandoned".

Right To Reclaim: The owner shall have fourteen (14) days after the date on which the Notice of Abandonment was mailed to reclaim the animal(s) upon payment in full for costs of boarding the animal(s), which costs shall be equal to the daily fee assessed and late penalty fees for the animal(s) based on species and weight per each day in excess of the date set forth in this agreement.

Waiver of Rights: If the owner fails to reclaim the animal(s) within fourteen (14) days after the date on which the Notice of Abandonment was mailed, such owner shall be deemed to have waived any and all rights of ownership in and to such abandoned animal(s). The Pet Medical Center of Urbandale may dispose of the abandoned animal(s).

Parasites: If it is determined that your pet(s) have internal (worms, etc.) or external (fleas, mites, etc.) parasites we will treat the animal for the specific parasites at an additional charge to you, the owner.

Vaccinations: Pet Medical Center of Urbandale requires that all boarding dogs be vaccinated for Rabies, DAP (Distemper, Adenovirus, Parvovirus), and Bordetella (Influenza is recommended). We require that cats be vaccinated for Rabies and FVRCP. We require all boarding pets to have a negative intestinal parasite screen within the last 6 months. If we are unable to verify current vaccinations, your pet(s) will be vaccinated while being boarded at an additional expense to you.

In case of illness or injury I, the undersigned, give my consent for the doctors of the Pet Medical Center of Urbandale to treat my pet(s) while they are being boarded. They are to use all reasonable precautions against illness, injury, or escape of my pet(s). They will not be held liable or responsible under any circumstances, on the account of the care, treatment, or safe keeping of my pet(s). The clinic is not responsible for damage or loss of items left with my pet(s). I understand that I assume all risks.

In case of need for medical treatment, please indicate your directions:

- Use doctor's best judgment. I understand I am responsible for all charges incurred.
Call me before any treatment is performed.
Doctors may treat without notice up to \$300.00

Please inform the staff at the time of drop off if your pet has any aggression with other pets under any circumstances.

I have read the foregoing agreement and by my signature, agree to abide by the terms and policies stated.

Owner/Agent Signature

Date

Daily Care Instructions

My pet will be eating: _____ Food provided by clinic _____ Food provide by owner

Please list the diet you are providing:

How much is fed at each meal?

When are meals offered?

My pet last ate:

Please list all medications, dosages, and when last given:

| Medication | Directions | Last dose given |
|------------|------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Special Instructions:

Would you like any additional services done during your pet's stay?

Bath (\$25)
 Nail Trim Free w/ Bath
 Nail Trim (\$19)
 Anal Glands (\$20)
 Exam (\$45) List specific problems: _____

*****If requesting a bath, please provide pick up time on previous page that is after 11:00 am**

Preventative care that will be updated during your pet's stay:

| | |
|---|--|
| <p>Dog</p> <p> <input type="checkbox"/> Rabies <input type="checkbox"/> DHPP <input type="checkbox"/> Bordetella <input type="checkbox"/> Influenza <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Intestinal parasite screen <input type="checkbox"/> Other: _____ </p> | <p>Cat</p> <p> <input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> Intestinal parasite screen <input type="checkbox"/> Other: _____ </p> |
|---|--|