



Granbury Animal Clinic Boarding Agreement

Pet Name(s) _____

Date of Admission: _____

Expected Date of Discharge: _____ (Morning) (Noon) (Early Afternoon) (Late Afternoon)

Contact Name: _____

Contact Phone Number: _____

1. All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with the pet's veterinarian (other than Granbury Animal Clinic) must be provided before boarding the pet(s). _____
2. If parasites are found on the pet during the stay, they will be treated as Granbury Animal Clinic determines, and the cost of the treatments will be added to the total bill. _____
3. Granbury Animal Clinic reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff. If the pet must be separated from the general population and put in quarantine due to contagious illness or aggression, additional charges for quarantine procedures will be added to the total bill. _____
4. The house brand of dog food is Purina EN dry dog food. If you are feeding any other food, please bring it with you, as changing dog food can potentially cause GI upset. Owners are welcome to bring their own bedding or toys if desired, however we cannot guarantee that they will be returned in the same condition or offered to the pet if they are deemed to be a health hazard. _____
5. We offer baths to all dogs prior to discharge at a 50% discount. However, if the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed. _____
6. If the pet is to be picked up by an agent other than the owner, arrangements must be made with Granbury Animal Clinic regarding the bill. _____

Agent: _____ Phone Number _____

7. All reasonable precautions will be used to prevent injury and escape of the pet. Granbury Animal Clinic is not responsible for the actions of the pet that may cause injury and escape. _____
8. I understand that if I am unable to pick up my pet on the previously scheduled date of discharge, I am responsible for having any additional dates approved and the original rate and space is not guaranteed. Pets left for more than 10 days without contact from the owner will be considered abandoned. _____

REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

I understand that if my pet were to become ill during boarding, the attending veterinarian will attempt to notify me as soon as possible. However, in the event that I or my agent cannot be reached, I authorize for Granbury Animal Clinic to:

- a) Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet, including resuscitation. I accept full financial responsibility for all charges related to the treatment of my pet(s).
Signature: _____ Date: _____
- b) Treat my pet as needed, but not to exceed \$ _____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I will be responsible for all charges accrued during that time period.
Signature: _____ Date: _____
- c) Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.
Signature: _____ Date: _____

Based on your pet's health and or quality of life, we understand and want to honor any wishes you have for your pet. If you **do not wish** Granbury Animal Clinic to resuscitate your pet, please sign below. We want to honor your wishes and make your pet's transition a peaceful one. This order does not affect comfort and other medically indicated care.

Signature: _____ Date: _____