

## Pet Hotel Boarding Contract

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### Client Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone (during boarding): \_\_\_\_\_  
Primary Email (during boarding): \_\_\_\_\_  
Emergency Contact #1 Name: \_\_\_\_\_  
Emergency Contact #1 Phone Number: \_\_\_\_\_  
Emergency Contact #2 Name: \_\_\_\_\_  
Emergency Contact #2 Phone Number: \_\_\_\_\_

**\*Emergency contact(s) should be someone nearby and readily available during your pet's stay.**

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### Pets Information

Pet Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: ☐ Spayed Female ☐ Neutered Male ☐ Unspayed Female ☐ Unneutered Male  
Color/Markings: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: ☐ Spayed Female ☐ Neutered Male ☐ Unspayed Female ☐ Unneutered Male  
Color/Markings: \_\_\_\_\_  
Patient ID: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: ☐ Spayed Female ☐ Neutered Male ☐ Unspayed Female ☐ Unneutered Male  
Color/Markings: \_\_\_\_\_  
Patient ID: \_\_\_\_\_

## Consent and Acknowledgment

I, the undersigned, hereby acknowledge and agree to the following terms and conditions:

### 1. Authorization to Board and Care for My Pet(s)

☐ I am the owner or authorized agent for the pet(s) described above and have the authority to execute this consent. I understand that in case of an emergency, should I be unable to be reached, I authorize either emergency contact above to execute consent for treatment of my pet(s).

### 2. Pick-Up and Extended Boarding

☐ I agree to pick up my pet(s) at the scheduled pick-up time or notify Bradford Hills Veterinary Hospital if I need to extend the boarding period. I understand that any check-in or check-out outside of open boarding hours will be subject to a \$25 outside hours fee.

### 3. Medications

☐ I understand that staff will not accept or administer any medication or supplements that are not in their original labeled container(s).

### 4. Health and Safety Acknowledgment

☐ I understand that Bradford Hills Veterinary Hospital will take reasonable precautions to prevent illness, injury, or escape of my pet. However, I acknowledge that issues such as stress or behavior problems may arise during boarding.

### 5. Emergency Medical Care

☐ In case of an emergency, I authorize Bradford Hills Veterinary Hospital to perform necessary medical diagnosis, treatments, and procedures as I indicate on the check-in form. If emergency care is warranted, and the owner and emergency contact(s) cannot be reached, I authorize medical attention to be given. I accept responsibility for any associated costs.

### 6. Aggression Statement

☐ I certify that my pet(s) have not shown any aggressive behavior towards humans or animals, or I have made Bradford Hills staff aware of any known aggressive behavior.

### 7. Fecal Exam & Parasite Screening

☐ I understand that my pet(s) cannot board unless they have had a negative fecal exam in the last 6 months. If they have tested positive for intestinal parasites or any transferable diseases in the last 14 days, they cannot board until they test negative and have been approved by a veterinarian to board - written consent from a DVM must be provided. I agree to keep my pet(s) on flea/tick/parasite prevention. I consent to my pet being treated for fleas/ticks/parasites if found, and I accept financial responsibility for any such treatments.

### 8. Vaccine Certification

☐ My pet(s) must be up to date on the required vaccines as listed below. Pet(s) receiving vaccines for the first time must have completed at least their second round of vaccines. Vaccines may not have been administered within the last 7 days before the first day of their stay, and may not be administered during their stay. All vaccines must have been administered by a veterinary professional. If your pet is exempt from any vaccines, written consent from a DVM must be provided.

Pet(s) must be up to date on the following required vaccines (listed below).

**Canine:** DHPP, Rabies, Bordetella

**Feline:** FVRCP, Rabies

**Ferret:** Rabies

**9. Isolation Fee**

☐ I understand that if my pet(s) are not on flea/tick prevention, are found to have internal/external parasites, or any illness during their stay, they will be moved to isolation. Should this occur, I accept the \$25 daily isolation fee.

**10. Consent for Photos/Video**

☐ I consent to photos or videos of my pet being posted on Bradford Hills Pet Hotel's website or social media page.

☐ I consent to photos or videos and updates of my pet throughout their stay being sent to the primary cell phone number listed in my contract.

**11. Payment Agreement**

☐ I agree to pay in full on the day of pickup.

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**Signatures**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This contract is binding through the end of 2025. At the start of 2026, a new contract must be executed.**