



Boarding Agreement

Effective 9/1/20, No rawhide chews or toys of any kind will be allowed in the kennels

Owners Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Emergency Contact: WHO WILL BE ABLE TO PICK UP YOUR PET IN THE EVENT THAT WE ARE MANDATED TO CLOSE: _____

There is no availability of dropping off or picking up pets from boarding on any given day between the hours of 12:00pm-2:00pm, or after 5:45pm. After 5:45pm boarding pick up is an additional \$74.80.

Pet Name/Names: _____

Feeding Instructions: _____

*****Please note there is an additional \$1.00 charge per night if we feed our Purina Sensitive Stomach food. There is no extra charge if you bring your own food for us to feed. CLINIC FOOD _____ BROUGHT FOOD _____**

Food or Other Allergies: _____

Medication Instructions: _____

Pet Possessions: _____

Drop off date: _____ **Pick up date:** _____ **Pick up Time:** _____ (after 6pm, there is a charge of \$74.80)

Bath & Nails: I would like my pet to have a bath and nail trim before pickup Yes _____ No _____

***Charges: Up to 40lb \$38.50; 41-90 lbs \$49.50; Greater than 91 lbs \$60.50**

Nails: I would like my pet to have a nail trim before pickup (\$20.90) Yes _____ No _____

Vaccinations/Treatments: As a way of protecting all boarders, we require the following:

Canine: Rabies, Distemper/Parvo, and Bordetella, Fecal **Cats:** Rabies and FVRCP, Fecal

Heartworm/Flea Prevention: Is your pet currently on prevention? Yes _____ No _____

Note: if prevention is declined West Chester Vet Center is not liable for your pet getting flea or heartworm infestation/infection

Multiple Dog Boarding Release: When boarding 2+ dogs in the same kennel, there is a higher than normal chance for fighting between housemates. I understand that my dogs will be separated, and charged for separate boarding if fighting occurs. I also pre-authorize treatment for bite wounds, up to \$500. Initials: _____

Overall Consent: I understand that there is a charge for additional elective services such as dental, grooming and micro-chipping. For the safety of the boarders, all pets with fleas, ticks, or other parasites will be treated at owner's expense if identified on your pet. I certify that I, the owner of the above listed pet, do hereby give my consent, and authorize Gigis Medical, LLC to perform any procedure or treatments the doctor deems necessary while my pet is under their care and supervision. I AUTHORIZE GIGIS MEDICAL STAFF TO EXAMINE MY PET AND FEED AN ALTERNATE FOOD IF MY PET IS NOT EATING. I do hereby release Gigis Medical, LLC from all liability related to care provided. I acknowledge that I am responsible for payment in full for all treatments and care at time of pick-up. If I neglect to pick up my pet within 11 days of written notice to the above listed address, Gigis Medical, LLC is authorized to dispose of my pet as they see fit. Abandonment does not release me from my financial obligation. I understand that Gigis Medical, LLC is not a 24 hour facility. **The Clinic is not responsible for any items brought from home that are lost or destroyed.**

Sign: _____ **Date:** _____