

**Berwick Animal Hospital**  
**5733 Ogeechee Road**  
**Savannah, GA 31410**  
**912-232-4249/ 912-232-4259 FAX**

**Initial Boarding Agreement**

**Intravet/SS File #**  
**Avimark Client ID #**

**Date:** \_\_\_\_\_ **Patient:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Client:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Initial Boarding Agreement with Request for Information, Explanation of Policies,  
and Pre-authorization for Emergency/Medical Care**

**Meet & Greets:** For First Time Boarders, a meet & greet appointment with you and your pet must be held no less than 4 days prior to your pet's boarding dates. \_\_\_\_\_ (owner's initials)

**VACCINES:** This facility requires documentation showing that all dogs have current Rabies and Bordetella vaccines, and cats have current Rabies and FVRCP vaccines. We recommend that vaccines be given to your pet at least 2 weeks prior to their arrival date for maximum efficacy. \_\_\_\_\_ (owner's initials)

**EMERGENCY/MEDICAL TREATMENT:** If my pet(s) identified on this record become ill, I authorize Berwick Animal Hospital to initiate appropriate treatment until my agent or I can be reached, with fees not to exceed \$ \_\_\_\_\_ (dollar amount).

I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. I agree to pay all related treatment associated expenses until I am available to discuss further care and related fees.

**Please note we are not a 24-hour facility.** This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders during our hours of supervision. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, bloat, kennel cough, upper respiratory infection, diarrhea and/or fleas. \_\_\_\_\_ (owner's initials)

**REQUIRED TREATMENT/ ANXIETY:** It is not uncommon for some pets to experience anxiety during boarding situations. Anxiety can result in symptoms such as not eating, excessive panting, or stress-induced diarrhea and vomiting and can cause great discomfort to your pet and other pets in the boarding center. In the event that your pet experiences these symptoms, it is required for a doctor to perform an exam and prescribe medication if necessary for comfort. I authorize BAH to administer medications at the Veterinarian's discretion. I understand that charges for the exam and medication will be added to my bill. \_\_\_\_\_ (owner's initials)

\*Please note, BAH will make efforts to call you before medication is administered but exam and treatment is required in order for your pet to continue his/her stay with us.

**ROUTINE TREATMENT:** If my pet(s) identified on this record needs routine care during their stay, or if I have requested an exam with the doctor while I am gone (please select a preference below):

\_\_\_\_\_ **Please call me** at the number I have provided while I am away in order to discuss the exam and any treatment recommendations.

\_\_\_\_\_ **Please do NOT call me** while I am away. I would prefer to talk about the exam and treatment recommendations when I return to pick up my pet.

**\*Please note, if the medical needs of your animal are pressing and cannot wait until your return, Berwick Animal Hospital will make every effort to reach you while you are gone.**

**MEDICATIONS:** If your pet will be receiving medication during his or her stay, it must be in the original veterinary labeled container with instruction for administration and your veterinarian's phone number. Please ensure that you bring enough medications or let us know ahead of time if you need a refill. \_\_\_\_\_ (owner's initials)

**SAFETY FOR STAFF AND PETS:** If we feel the safety of our staff, your pet, and the other pets in our care is compromised, we will contact you or your emergency contact to pick your pet from boarding. In the event your pet displays aggressiveness towards staff and other pets or is difficult to handle (ex. not able to place leash on without trying to bite, etc.), we will exhaust all efforts to care for your pet before contacting you to pick up your pet. \_\_\_\_\_ (owner's initials)

**FLEA PREVENTION:** If fleas are observed on your pet during the boarding stay, a Capstar tablet will be given to your pet at your expense, which will kill all of the fleas on your pet but is not flea prevention. We recommend every patient be on flea and heartworm prevention each month all year round. We do everything in our power to keep our environment flea free but we cannot guarantee that your pet won't pick up a flea during their stay. \_\_\_\_\_ (owner's initials)

**DIET:** We offer Science Diet Sensitive Stomach Dry Food to meet the nutritional needs of your pet and to decrease the likelihood of stomach upset. You are welcome to bring food from home, especially if your pet has a specific diet. \_\_\_\_\_ (owner's initials)

**DAILY WALKS (Canine Only):** We walk dogs on leash in our securely fenced backyard at least three times a day. For high energy pets and when time allows during the day, we enjoy providing extra playtime for your pet in the form of off-leash supervised playtime in our fenced backyard. Please select a preference below:

\_\_\_\_\_ **I consent to my pet being walked OFF LEASH** in the backyard for supervised exercise and playtime.

\_\_\_\_\_ **I DO NOT consent to my pet being OFF LEASH** in the backyard for supervised exercise and playtime. I prefer my pet be kept on a leash at all times during his or her stay.

**PHOTO RELEASE:** I agree that Berwick Animal Hospital may take and use photographs of my pet for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_ **Yes**, the above may take photos of my pet

\_\_\_\_\_ **No**, the above may NOT take photos of me and/or my pet

**PAYMENT:** Boarding charges are based on the number of nights the pet(s) are in the kennel. There is a 10% discount for pets who board in the same run/cage. If your animal is not picked up by closing time, you will be charged another night of boarding. I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

\_\_\_\_\_ (owner's initials)

**CHECK IN AND CHECK OUT:** Check in is between 2pm and 5pm Monday through Friday and between 8am and 11am on Saturdays. Check out is between 8am and 11am Monday through Saturday. Patients may be dropped off earlier than 2pm and/or picked up after 12pm Monday through Friday, but charges will be added in both cases for an additional day of boarding.

Patients bathed before going home are not dry and ready to be picked up until after 2:00 pm. \_\_\_\_\_ (owner's initials)

**BELONGINGS:** Personal items may be left at your own risk. We are not responsible for loss or damage. \_\_\_\_\_ (owner's initials)

**SEVERE WEATHER:** We at BAH strongly recommend that owners take their pets with them when a dangerous storm is anticipated. If your pet is boarding when a dangerous storm approaches, we will make every effort to contact you and arrange for you or a family member to pick up your pet. If we cannot contact you, or arrangements cannot be made, we will take all possible precautions to care for your pet while it is boarding. Due to the unpredictability of these types of storms, if an evacuation is ordered, BAH staff must evacuate. In this event we cannot guarantee the safety of your pet, nor can we be certain as to when we will be able to gain access to the boarding facility after the storm passes. \_\_\_\_\_ (owner's initials)

**I have read all the contents of this agreement and I am in full consent.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

**Emergency/Secondary Contact Name(s) & Number(s) (Please Print):**

\_\_\_\_\_  
Name (please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name (please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name (please Print)

\_\_\_\_\_  
Phone Number