

BOARDING AGREEMENT - 2024

Check in Date: _____ Check out Date: _____

Check out time (**please circle 1**): M-F 8a-12p **or** 1p-5p
Saturday 8:30a-2p

Please note: Our kennels are closed to all pick ups and drop offs from 12-1 M-F for lunch.

Owner's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact: (We will try to contact you first)

Name: _____ Phone Number: _____

Any additional services requested while boarding at AAAH: _____

If you have scheduled an appointment with Nadja at the PawSpa for grooming, please let us know the date: _____

Costs for This Boarding Stay: (This is *only* an estimate. The total cost may be different on the day of pick-up)

Canine per Day \$39.00 X Number of Days: _____ X Number of Pets _____ + 4.99-5.99/day medication/supplement admin _____ = \$ _____

Feline per Day \$28.50 X Number of Days: _____ X Number of pets _____ + 4.99-5.99/day medication/supplement admin _____ = \$ _____

**Please note our boarding is charged like a hotel. On the day of pick up, if your pet(s) is picked up before 12pm, you will not be charged for that day. If you pick up after 12pm on the agreed discharge date an additional day of boarding is applied.*

I fully intend to pick up my pet on the specified date. If circumstances change, I will notify AAAH of the new pick-up date. If I do not pick up my pet or contact AAAH within ten (10) days of my scheduled pick-up date, I shall be considered to have relinquished my pet and they will be put up for adoption.

Signature: _____ Date: _____ AAAH Initials: _____

Feeding and Medication Instructions

Pet #1 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

Pet #2 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

Pet #3 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

May we give your pet(s) treats?

Yes No Hypoallergenic only

May we offer your pet sensitive stomach canned food in the event of decreased appetite?

Yes No

Would you like to receive a text photo message of your pet(s) during their stay?

Phone number to send photo text: _____

Yes No

Please note: Photo Messages are for visits **3 days or longer**. You will **not** get photos daily. Number of photos sent may be adjusted per length of boarding stay. **We cannot guarantee you will receive photos.**

Medications and Supplements: In accordance with the Department of Agriculture’s Pet Animal Care Facilities Act, all medications must arrive at our facility and be stored in their **original container with prescribing instructions specific to the pet receiving them**. All medication will be administered according to the instructions written by the prescribing veterinarian. All supplements must also arrive in their original container with prescribing instructions specific to the pet receiving them. All supplements will be administered according to the instructions written by the prescribing veterinarian. Pets that are difficult to administer medication to, or are on 3+ medications may be charged a medication administration fee.

Pet Medication and Pet Supplement List: Is your pet on medications or supplements? Yes No

Pet Name	Medication or Supplement	Frequency and quantity given

Consent to Administer Non-Pet Labeled Products: Does your pet get Non-Pet Labeled products? Yes No

In accordance with the Department of Agriculture's Pet Animal Care Facilities Act, employees of Aspen Arbor Animal Hospital must have the pet owner's permission to feed any non-pet labeled items to pets staying at our boarding facility. Examples are fresh vegetables, peanut butter, cheese, non-pet labeled supplements, vitamins, CBD products, etc. Please list any non-pet labeled items below **that you have brought** with your pet for their stay.

Pet Name	Item to be given	Frequency and quantity given

I give consent to Aspen Arbor Animal Hospital and their agents to administer the above listed products to my pet(s): _____ (initials)

Personal Belongings:

Collar: _____ Leash: _____ Harness: _____ No Leash: _____ No Collar: _____

Food, Treats, Medications, Blanket, Bed, Toys, Other: _____

I am leaving the above items with Aspen Arbor Animal Hospital to be used for my animal during its stay in boarding/daycare. I understand that Aspen Arbor Animal hospital is not responsible for damaged, soiled or lost personal items. It has been explained to me that Aspen Arbor does supply bedding, bowls, toys, food and treats for their stay here. I allow Aspen Arbor to write my name on personal items with permanent marker or place a sticker on them.

Signature: _____ Date _____ AAAH Initials: _____

(This portion of the form is in compliance with the Colorado Department of Agriculture Pet Animal Care Facilities Act)

Owner Name: _____ Pet(s) Name(s): _____

Has your dog ever jumped a 6-foot-high fence? _____

Does your pet have any sensitive areas on its body? If so, where? _____

Does your pet have any allergies or other health issues? _____

Are there any restrictions we should place on your pet's activities? _____

Is there anything else we should know about your pet? _____

Vaccinations: To ensure the protection of all pets in our care, a physical exam and vaccinations must be current according to Aspen Arbor's vaccination policy unless otherwise determined by a veterinarian employed by Aspen Arbor Animal Hospital. Dogs are required to be current on Rabies, Distemper/Adenovirus/Parvo/Parainfluenza, and Bordetella. Cats are required to be current on Rabies and Upper Respiratory.

_____: Please initial to indicate you have read and understand our vaccination policy.

Medications and Supplements: In accordance with the Department of Agriculture's Pet Animal Care Facilities Act, all medications must arrive at our facility and be stored in their original container with prescribing instructions specific to the pet receiving them. All medication will be administered according to the instructions written by the prescribing veterinarian. All supplements must also arrive in their original contained with prescribing instructions specific to the pet receiving them. All supplements will be administered according to the instructions written by the prescribing veterinarian.

Diets (food and treats): All food and treats must be brought to our facility in resealable, water-resistant containers.

_____: Please initial to indicate you have read and understand our prescription and supplement administration policy.

Medical Illness: One of the advantages of boarding your pet at a veterinary clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call you as well as the emergency number provided regarding your pet's clinical signs, treatment options, and estimate of additional costs. If no one can be reached, please indicate your wishes below should your pet require treatment to relieve discomfort or to resolve a critical medical condition.

_____: In the event of a non-emergency (example: diarrhea, vomiting, minor injury), I authorize medical treatment by a veterinarian. This will include an exam by a veterinarian and possible diagnostics, medications, or other services. I authorize up to \$_____ to be spent on my pet's medical care until someone can be reached.

_____: In the event of an emergency after hours, I understand that my pet will be examined and treated by a veterinarian and thus will incur a minimum emergency exam charge of \$100.00

_____: In the event of a life-threatening emergency, I authorize IMMEDIATE medical intervention for my pet should my pet need life-support. **DO RESUSCITATE.** I authorize up to \$_____ to be spent on my pet's medical care until someone can be reached.

_____: In the event of a life-threatening emergency, I **DO NOT** authorize any emergency efforts for my pet. In refusing emergency medical intervention (CPR), I grant permission for humane euthanasia for my pet.

In the **unlikely** event that your pet should die during his/her stay, please initial your preference for handling the remains (initial one choice):

_____: Save body

_____: Cremate remains & do not save ashes

_____: Cremate remains & save ashes

Reasonable precautions will be used against injury, escape or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. *I understand that 24-hour care is **NOT** provided and there is no monitoring during nighttime hours.*

My initials and signature indicate that I have read and understand this document. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify Aspen Arbor Animal Hospital of the new pick up date. **If I do not pick up my pet or contact Aspen Arbor within ten (10) days of my scheduled pick-up date, I shall be considered to have relinquished my pet and he/she can be put up for adoption.**

Signature: _____ Date: _____ AAAH Initials: _____