

West Trenton Animal Hospital Boarding Contract-  
NOT A 24 HOURS FACILITY

(To be filled out by kennel/CCS staff)

Owner/patient Label

Admitting Receptionist \_\_\_\_\_  
Admitting Agent \_\_\_\_\_ Weight \_\_\_\_\_  
Comp. nail trim Y/N \_\_\_\_\_ date \_\_\_\_\_ initial \_\_\_\_\_  
Bath to go home Y/N \_\_\_\_\_ date \_\_\_\_\_ initial \_\_\_\_\_  
Playtimes @\$5 per \_\_\_\_\_  
Busybones @\$2 per \_\_\_\_\_  
Medication fee @\$10.50 per day \_\_\_\_\_

I, being the owner/agent of the above animal, agree to board my pet during the following dates:

\_\_\_\_\_ to \_\_\_\_\_ at the cost of \$ \_\_\_\_\_ per day.

I also agree to the following boarding regulations:

All animals are charged per night.

**ALL pets MUST be current on vaccinations.**

**Canine: Distemper, Parvo, Bordetella, Rabies, Canine Influenza.**

Lepto is highly recommended.

**Feline: Panleukopenia, Rhinotracheitis, Calicivirus, Rabies**

Any animals found to have intestinal worms or fleas will be treated and charged accordingly.

**The owner/agent gives consent to perform emergency medical/surgical treatment deemed necessary. All efforts to contact the owners prior to any procedures will be made. \*In the event that we are unable to reach you for permission to treat your pet, we will proceed with medical treatment and all diagnostics \*Also, if emergency treatment should be needed that cannot be performed at WTAH, your pet will be transported to an emergency center and you would be responsible for any and all charges associated with the ER center. Please initial appropriate box.**

I agree to treatment  I do not agree

Please state the approved amount you are willing to be charged for treatment

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

**We Must be able to reach Secondary contact in the event of an emergency.**

The owner must supply the pet's medications, or the hospital will supply them at normal rates. A \$10.50 per day medicating fee will be added.

It is recommended that no items be left. If left and lost I will not hold WTAH responsible- it is at my own risk! Items left \_\_\_\_\_

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

