

Fort Hunt Animal Hospital Boarding Agreement
1900 Elkin Street, Alexandria, VA. 22308
703-360-6100

Client Name: _____ Patient Name: _____
Client ID: _____

Hours of Operation: Monday - Friday: 7:30 am - 6:30 pm / Saturday: 7:30 am - 11:30 am

PLEASE BE AWARE THAT EVERY PET WILL BE CHARGED PER DAY OF BOARDING REGARDLESS OF PICK UP AND DROP OFF TIMES. _____ Owners Initials

VACCINATION REQUIREMENTS: Every pet boarding must be up to date on the following:

- Dogs: Rabies, Distemper/Parvo Virus, Bordetella, Bivalent Canine Flu, Fecal exam
- Cats: Rabies, Distemper, Fecal exam

If you are unable to provide documentation supporting the above requirements, your pet will be examined by a doctor and vaccinated/tested as needed at the pet owner's expense. _____ Owners Initials

All pets must be free of internal/external parasites. If they are not, they will be examined and treated by a doctor at the owner's expense.

MEDICAL ILLNESS POLICY: If your pet becomes ill while boarding, we will call your emergency number regarding your pet's condition. If we are unable to reach you we will follow your directives provided at drop off.

I authorize Fort Hunt Animal Hospital to seek emergency care of my pet in the event that it is deemed necessary. I understand that I am responsible for incurred medical expenses, and that I cannot hold Fort Hunt Animal Hospital or its employees liable for these damages unless they have been found to be grossly negligent in the care and treatment of my pet resulting in these damages. While my pet is boarded Fort Hunt Animal Hospital's limit of liability will be limited to the chattel value of the animal but in no case shall it exceed \$500.00. I agree to waive trial by jury and agree Fort Hunt Animal Hospital will not be liable for any punitive damages. _____ Owner Initials

BOARDING CHARGE POLICY: Boarding charges are determined by the weight of the pet at intake for dogs, and by cage type for cats. Fort Hunt Animal Hospital may change kennel size at its discretion. If you choose to reserve a larger cage than what is determined necessary, additional charges may apply. _____ Owner Initials

Pets with chronic health concerns such as diabetes, seizures, incontinence, or mobility issues may be subject to Special Care Boarding charges. These boarding charges are in addition to any medication administration fees that may be assessed. All efforts will be made to relay increased charges to owner at drop off or when it becomes clear that pet qualifies for increased charges. Pets that frequently soil their enclosure will receive a partial or full bath at the owner's expense. _____ Owner Initials

CANCELLATION POLICY: If you need to cancel your reservation for any reason, you must notify us at least 72 hours prior to drop off to avoid penalty. Cancellations made within 72 hours of drop off will be charged \$85 per pet. This policy is in effect year round regardless of holidays, and the fee may be increased without notice. _____ Owners Initials

PAYMENT POLICY: Payment is due in full at time of pick up. All clients must provide a credit card on file. A 50% deposit at drop off is required for all new clients. Pets that board for 14 days or more will have the card charged the Thursday of the second week and every 2 weeks after that. In the event of an unpaid balance due to a bounced check or declined credit card, the balance due must be paid within 30 days including any additional accrued charges. Any unpaid balance will be forwarded to a collections agency after 30 days. _____ Owners Initials

I have read and agree to the conditions listed above.

Client name _____ Signature: _____ Date: _____