

**BRIARCREST VETERINARY CLINIC**

Larry N. White, D.V.M.

1492 Wilcrest

Houston, TX 77042

713-789-8320

**BOARDING AGREEMENT 2009**

Owner's/Agent's Name: \_\_\_\_\_

Pet(s) Name (s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**A. Vaccines:**

- **DOGS & CATS:** In order to board your pet(s), his/her rabies vaccination must be in compliance with the laws for the State of Texas which are as follows; a rabies vaccination is to be given by 4 months of age, boosted in 12 months, then boosted every 3 years.

All other vaccinations must be current as follows:

**DOGS:** Canine Parvovirus, Distemper, Adenovirus-**Puppies-** a minimum of 3 doses between the ages of 6 & 16 weeks, at intervals of 3 to 4 weeks, boosted at 1 year, then every 3 years. **Adult Dogs-**Two doses, 3-4 weeks apart, boosted at 1 year, then every 3 years.

Bordetella Vaccination is required every 6 months for both puppies and adult dogs.

**CATS:** Feline Panleukopenia Virus, Herpesvirus, Calicivirus-**Kittens-**a minimum of 3 doses between the ages of 6 & 16 weeks, at intervals of 3 to 4 weeks, boosted at 1 year, then every 3 years. **Adult Cats-**Two doses, 3 to 4 weeks apart, boosted at 1 year, then every 3 years.

If your pet(s) does not receive his/her vaccinations at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet(s) must be vaccinated before boarding for his/her protection.

- Vaccinations administered at this facility will be added to your bill.

**B. Diet**

We have a variety of foods available to feed your pet(s). For each pet(s), please indicate the food to be fed and then specify whether your pet(s) eats dry food only, canned food only, or both.

Diets typically fed at our facility: Purina Canine EN, Innova Cat, Innova Puppy or Kitten, Innova Dog or Cat Senior, Innova Dog or Cat Reduced Fat.

We also have a variety of prescription diets that can be fed to your pet(s) at an additional cost.

Please fill in the blanks with the type of diet you want fed to your pet and in what form such as dry, canned, or dry and canned.

Example:           “Napoleon”           “Maybelle”  
                  Adult/canned only      Senior / dry & canned

Pet(s) Name (s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Diet to be Fed: \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_

We will be pleased to feed a diet of your choice if you bring it with you. Please outline feeding instructions:

\_\_\_\_\_

### C. Medication:

We will administer any required medications to your pet(s) for an additional \$1.50 per time. Please bring appropriate medications and provide instructions as follows:

Pet(s) Name (s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Medications: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

If prescriptions need to be filled or refilled, the cost will be added to your bill.

### D. Statement of Kennel Policy:

1. A full day's board is charged for the first and last day, regardless of the time the pet(s) is admitted or released.
2. Pet(s) must be picked up between 7am and 6pm Monday through Friday or from 8:30am until 12 noon on Saturdays, which are our normal business hours.
3. Personal items may be left only at your own risk. We are not responsible for loss or damage.
4. Briarcrest Veterinary Clinic, Inc. cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pet (s). I hold Briarcrest Veterinary Clinic, Inc. harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, fleas. Briarcrest Veterinary Clinic, Inc. will use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner what so ever, under any circumstances, on account of the care, treatment or safe keeping of my pet, and it is thoroughly understood that I assume all risks.

5. Should the pet(s) identified on this record become ill, I hereby give my consent for Larry N. White, D.V.M. and his staff to provide all responsible medical and/or surgical treatment he deems necessary, not to exceed \$\_\_\_\_\_. I acknowledge that in the event of my pet's illness, the staff at Briarcrest Veterinary Clinic, Inc. may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or the pet's agent can be reached. I agree to pay all related expenses associated with the treatment of my pet(s) until I am available to discuss further care and costs with Dr. White.

**E. Fee Schedule:**

**Dogs:** 30 lbs or less = \$12.50/day  
30.1 – 60 lbs = \$14.00/day  
60.1 -90 lbs = \$15.00/day  
90 lbs and over = \$17.00 /day

**Cats:** \$11.00 / day

**Other** \_\_\_\_\_: \$ \_\_\_\_\_/day

Additional Cost for special diet(s) and/or administration of medication is as follows:  
\$2.00 per day for special diet(s) and/or \$1.50 for each time medication is administered.

We can have your pet **bathed or groomed** before you pick them up.

Please discuss a desired pick up time with our staff to assure that your pet(s) is ready at the time you arrive. We ask that you complete a separate form for any instructions for our groomer.

I agree to make complete payment to Briarcrest Veterinary Clinic, Inc. at the time my pet is discharged.

I certify that, to the best of my knowledge, my pet(s) appears to be free of contagious disease and has/have not bitten anyone within the past ten days.

I understand that if I fail to pick up my pet(s) on the date which I have stated as the pick-up date a written notice will be mailed by certified mail to the address on this release. Seven days after such written notice the pet(s) will be considered abandoned and the property of Briarcrest Veterinary Clinic, Inc. It is further understood that such action will not relieve me of my financial obligations including attorney's fees, collection costs and other costs of litigation incurred to collect these fees.

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT,

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

\_\_\_\_\_  
Date

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