



400 24<sup>th</sup> Ave NW, Norman, OK 73069  
 (405) 321-3361 Fax (405) 321-3364  
[www.rosrockvethospital.com](http://www.rosrockvethospital.com)  
 "Loving Care for Your Pet"

### Annual Boarding Agreement

Date	Last Name	Pet's Name	For Office Use Only	
			Client #	CSR

- Pets must be picked up during regular business hours.
- Rose Rock Veterinary Hospital provides bedding, toys, and food bowls for all guests. I understand that if I choose to leave personal belongings, it will be at my own risk and will not hold Rose Rock liable if they are lost or damaged.
- Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
- Rose Rock Veterinary Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pet(s). **I hold Rose Rock Veterinary Hospital 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, and fleas.**
- Rose Rock wants to try to protect all pets that stay in our resort from fleas. In order to do so, from May 1 to November 1, we require a Capstar treatment upon your pet's boarding entry. The fee for the Capstar treatment is \$10.00. If your pet is on a routine monthly preventative for fleas, then you can choose to waive the Capstar treatment.
- I agree to pay for any and all vaccine research and/or vaccinations that are deemed necessary for my pets stay.
- Should the pet(s) identified on this record become ill, I hereby request that Rose Rock Veterinary Hospital provide all responsible medical/surgical treatment it deems necessary, not to exceed \$\_\_\_\_\_. If you choose for your pet to be transported to another **local** veterinary hospital for medical care, a \$75.00 delivery fee will be added to your bill. Payment arrangements must have been made prior to boarding (Rose Rock Veterinary Hospital cannot pay the bill; you must have a charge arrangement with the hospital). Please list name of the other **local** veterinary hospital you wish for your pet(s) to be transported to \_\_\_\_\_.
- I acknowledge that in the event of my pet's illness, Rose Rock Veterinary Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment or transport my pet to the local veterinary facility indicated above.
- Rose Rock will treat minor conditions such as diarrhea unless you notify us in writing on this sheet. I understand I am financially responsible for medication filled.
- There may be an additional charge of up to \$10.00 per day for handling aggressive animals, and Rose Rock Veterinary Hospital reserves the right to refuse boarding privileges to aggressive pets.
- I agree to make complete payment to Rose Rock Veterinary Hospital at the time of discharge. (Deposit may be required)
- I understand that if I fail to pick up my pet(s) within ten days of notification to the above address, my pet(s) will be considered to be "abandoned", and will become property of Rose Rock Veterinary Hospital and will proceed accordingly. An abandonment fee of \$500 will be charged along with all other fees incurred during their stay. Abandonment does not relieve me of my financial obligations.
- I understand that it is my responsibility to notify Rose Rock Veterinary Hospital if someone other than myself will be picking my pet(s) up, and to whom my pet should be released. All charges for boarding and other treatments must be paid in full before your pet can be released. If you are having someone else pick up your pet, please make provisions for payment. We appreciate your help in making sure your pet has a happy, healthy stay while you are away.

**I HAVE READ THE ABOVE KENNEL POLICY AND I AM IN FULL AGREEMENT,**

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

\_\_\_\_\_  
**Date**