

Signature of Owner or Agent

400 24th Ave NW, Norman, OK 73069 (405) 321-3361 Fax (405) 321-3364 www.roserockvethospital.com rrvh@roserockvethospital.com "Loving Care for Your Pet"

Boarding Agreement

				For Office Use Only		
Date		Last Name	Pet's Name	Client #	CSR	
1.	1. Rose Rock Veterinary Hospital & Pet Resort (RRVHPR) 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 RRVHPR liable if they are lost or damaged.					
2.	Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.					
3.	RRVHPR cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold RRVHPR 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, gastric dilatation, and fleas.					
4.	RRVHPR wants to try to protect all pets that stay in our resort from fleas. In order to do so, we require a flea treatment upon your pet's boarding entry. There are two options: Capstar and Nexgard (canine only). Capstar is an oral flea preventive that has an efficacy period of 24 hours. Nexgard is an oral flea and tick preventive that has an efficacy period of 30 days. The fee for the Capstar treatment is \$10.00 and the fee for the Nexgard treatment is \$20.00. Cats must get Capstar, and dogs must get either Capstar or Nexgard (or you may purchase another flea preventive). If your pet is on a routine monthly preventive for fleas, you can choose to waive the flea treatment, as long as no fleas are found on your pet at any time during your pet's stay.					
5.	. I agree to pay for any and all vaccine research and/or vaccinations that are deemed necessary for my pet's stay.					
6.	Should the pet identified on this record become ill, I hereby request that RRVHPR provide all responsible medical/surgical treatment it deems necessary, not to exceed \$ If you choose for your pet to be transported to another <u>local</u> 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 (RRVHPR cannot pay the bill; you must have a charge arrangement with the hospital). Please list name of the other <u>local</u> veterinary hospital you wish for your pet to be transported to					
7.	I acknowledge that in the event of my pet's illness, RRVHPR 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. RRVHPR 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.					
8.	There may be an additional charge of up to \$10.00 per day for handling aggressive animals, and RRVHPR reserves the right to refuse boarding privileges to aggressive pets.					
9.	I agree to make complete payment to RRVHPR at the time of discharge. (Deposit may be required)					
10.	Pet must be picked up during regular business hours. I understand that if I fail to pick up my pet by the date specified, and provide no further contact or payment within five days of that date, my pet will be considered to be abandoned, and will become property of RRVHPR. An abandonment fee of \$500 will be charged along with all other fees incurred during my pet's stay. Abandonment does not relieve me of my financial obligations.					
11.	I understand that it is my responsibility to notify RRVHPR if someone other than me will be picking my pet 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 BOARDING AGREEMENT AND I AM IN FULL AGREEMENT. THIS AGREEMENT IS IN FORCE UNTIL I, THE UNDERSIGNED, REVOKE SUCH AGREEMENT IN WRITING.						

Date