

Client Name: _____

Pet Name(s): _____

Four Paws Inn Boarding Contract

This contract states that you are aware of our boarding policies and will follow the guidelines stated below for each undersigned pet. We will ask that you renew your contract every 6 months. At each visit for boarding, you will be asked to fill out a short form stating special options and emergency numbers. **Please initial below to indicate acknowledgment and understanding of guidelines and policies:**

___ **Vaccine Policy:**

I understand that in order for my pet to board at Four Paws Inn (FPI), he/she must be up to date on Rabies, Distemper, and (Bordetella - dogs ONLY). If I do not have updated vaccinations for my pet they will not be able to board at Four Paws Inn.

___ **Bordetella:**

All dogs are required to be up-to-date on Bordetella vaccinations, but the vaccine is not 100% effective. We do everything possible to maintain a clean environment, but it impossible to guarantee your pet will never become sick while staying in a boarding facility. I release Four Paws Inn and Tenth Street Animal Hospital from responsibility if my pet becomes ill, unless due to negligence from the staff.

Medical Treatment Authorization:

___ YES: If a medical problem arises during your pets stay, we will contact the number listed on the account and discuss how to proceed with treatment. In the event of emergency, your pet will be treated at **Tenth Street Animal Hospital (TSAH)** and we will call the number listed to give updates and get permission for further treatment as soon as your pet is in a stable condition. If you are unreachable a decision will be made regarding appropriate treatment of your pet and they will be seen by a doctor at TSAH. Any costs associated with treatment will be billed to the owner by the hospital that treated the pet. Payment to the hospital is expected on the departure date.

___ NO: I understand by choosing "no" that I must be contacted prior to any treatment and this action may compromise the life and/or health of my pet. In the state of emergency, if we cannot reach you, basic treatment WILL be done at TSAH to stabilize your pet until we can get a hold of you. These costs will be billed to the owner by the hospital that treated the pet. Payment to the hospital is expected on the departure date. *If no, I release FPI from any liability resulting in illness, injury, or death of my pet. *

___ **Taking Your Pet Outside:**

I understand that my dog will be taken outdoors daily within an enclosed area. All reasonable precautions will be used to prevent escape and injury of the pet. FPI is not responsible for the actions of the pet that may cause injury or escape.

___ **Property Destruction:**

Additional fees will apply for destruction of rooms, flooring, beds and furniture so please advise us if your pet is PRONE TO destructive behavior.

___ **Belongings:**

I understand that FPI is not responsible for items that are left behind or those that are chewed/destroyed during your pet's stay. We ask that you do not bring more than 3 toys for your pet and only bring personal bedding if your pet(s) have orthopedic issues. If personal items are soiled, they will be laundered. We use bleach to sanitize laundry, so personal items may become discolored.

___ **Billing:**

I understand that boarding is billed per night and that payment is due at the time of check out.

Social Media Consent: Yes No

We would like your consent to share your pets' image on social media. Your personal information will never be disclosed.

Barring negligence, Four Paws Inn cannot be held responsible for events that are outside of our control. This includes illness or injury that may occur while your pet is staying with us. I hereby release and waive Four Paws Inn and its' team members from any liability associated with boarding my pets. I have read and understand all the policies of Four Paws Inn and agree to the above statements.

Signature: _____

Date: _____