



Four Paws Inn Boarding Contract

Owner: _____ **Pet Name:** _____

Emergency Contact

_____ Per stay, an emergency contact phone number must be provided. This person(s) must be prepared and readily available by phone, authorized to make medical decisions; as well as prepared to retrieve pet(s) if necessary within a timely manner if I am unable to do so. I understand that if my pet(s) is showing undue signs of stress, illness, aggression, or potentially presenting symptoms of a contagious disease that I am responsible for picking up my pet or sending an emergency contact if contacted to do so by FPI.

Vaccine Policies

_____ I understand that in order for my pet to board at FPI, he/she must be up to date on Rabies, Distemper, and Bordetella (dogs only), this includes a complete puppy series. 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 the Bordetella vaccination. The vaccine is designed to reduce significant illness and death associated with kennel cough, not to prevent disease in all cases. I understand that Four Paws Inn is not responsible for any medical care associated with Kennel Cough (Bordetella bronchiseptica, canine parainfluenza virus, and canine adenovirus).

Flea Policy

_____ I understand that in the event that fleas or ticks are found on my pet, they will be administered a Capstar flea pill and a fee will be added to my final bill upon pick up.

Taking Your Pet Outside

_____ I understand that my dog will be taken outdoors daily within an enclosed area. It is important to note that dogs will be let off leash within the 6 foot fenced area. ALL reasonable precautions will be used to prevent escape and injury of the pet. Owners must indicate here if pet(s) are able to or have been known to jump a 6' fence: ___yes or ___no. If yes they will remain on leash outside.

Belongings

_____ I understand that all bedding necessary is provided by FPI and items from home are not recommended. I am aware that if I choose to; I can bring a limited number of items and understand that all items are subject to loss, destruction by pet, and possibility of pet eliminations on bedding. Permitted items include: 1 blanket or towel, 1 T-shirt, 1 bed, and/or up to 2 play toys. All soiled items will attempt to be laundered but may not be ready at the time of pickup or may be sent home dirty. *FPI uses bleach to sanitize laundry and personal items may become discolored.*



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Medical Treatment Authorization

I understand that I am responsible for any bill(s) incurred by any veterinary care my pet may receive. In case of emergency all pets will be taken to; Tenth Street Animal Hospital (TSAH).

____ Yes: If a non urgent medical problem arises during your pets stay, we will contact the primary and emergency numbers listed on the account and discuss how to proceed with treatment. In the event of a life threatening emergency, we will immediately call as soon as your pet is in a stable condition to update you on your pet's condition and get permission for further treatment. If you are unreachable a decision will be made regarding appropriate treatment of your pet by the doctor caring for your pet. Payment to the hospital is expected on the departure date.

____ No: I do NOT give Four Paws Inn permission to perform necessary medical treatment to my pet(s) while in the facility before I have been contacted. I understand that by choosing NO, I must be contacted prior to any treatment and this action may compromise the life and/or health of my pet. In the event of an emergency or life threatening situation, myself and or my alternate contact cannot be reached, I understand basic treatment to stabilize my pet WILL be performed until contact can be made regarding continued care.

Medication Administration

____ All medicine administered to a pet while boarding will be charged a flat rate for the first three medications. Additional medications will be an additional per medication.

Abandonment

____ I am aware it is my responsibility to have my pet picked up at the time of scheduled discharge and will notify the team of any changes to the pick up date. If no contact is made regarding accommodations to pick up my pet for more than a 48 hour period, the abandonment process will begin. After all efforts to be contacted by the facility have failed for a period of SEVEN DAYS, Four Paws Inn will contact the local Animal Control Department and release the pet(s) to the state.


Billing

____ I understand that boarding is billed per night and that payment is due at the time of check out. Bills scheduled to be greater than \$1,200 will require a 25% deposit at check in.

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 a 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: _____

 As always, Thank You for trusting us with your little loved ones! We take great pride in our care to make your family our family. - Four Paws Inn and Staff.