



1073 S Broadway  
Lexington, KY 40504  
859-255-5595

## Boarding Contract

Owner's Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_

### Pet Information

Veterinarian's Name/Clinic: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**No shots, no service!** We will not board any pet without updated vaccination documentation. It is the pet owner's responsibility to provide the kennel with current documentation from your veterinarian.

Last flea/tick preventative: type and date of application \_\_\_\_\_

Destructive chewer? \_\_\_\_\_ Climber? \_\_\_\_\_ Previously abused? \_\_\_\_\_ Arthritis? \_\_\_\_\_

Fear of thunderstorms/fireworks? \_\_\_\_\_ Medications used to treat: \_\_\_\_\_

Other special needs/comments: \_\_\_\_\_

Does your pet have a history of aggression towards people or animals? \_\_\_\_\_  
(if yes, please explain)

Medications: Name of medication: \_\_\_\_\_  
How much: \_\_\_\_\_ When/how often: \_\_\_\_\_

Feeding: Type of Food (Brand): \_\_\_\_\_ How Much: \_\_\_\_\_ When/how often: \_\_\_\_\_

\*If food is not provided by owner or an insufficient amount of the pet's own food is provided, the kennel will provide a diet for the remainder of pet's stay. The kennel is not responsible for any GI upset or allergy issue that may result.

### Other Information

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other person(s) authorized to pick up your pet(s): \_\_\_\_\_  
(Name and Phone)

*Please complete reverse side*



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Payment is expected for services at the time of checkout. Owner agrees to pay all costs and charges for nightly boarding, any special services requested, plus all veterinary expenses deemed necessary by the kennel during the time the pet is in the kennel's care. Pets picked up after 5:00 pm Monday-Friday or 11:00 am on Saturday will be subject to a \$5 late pick up fee.

Due to the nature of our facility, there are certain inherent risks to your pet. These risks may include, but are not limited to: exposure to communicable disease, exposure to internal or external parasites, skin irritation, broken nails, puncture wounds, abrasions, cuts, or allergic reactions. All pets are being boarded without liability on the part of the kennel for loss or damage from disease, death, running away, theft, fire, injury to persons, other pets, or property by said pet, or other unavoidable causes, due diligence having been exercised by kennel personnel.

Every care is taken to ensure your pet remains as neat and clean as possible, however, no guarantees can be made in regards to your pet's cleanliness upon dismissal. Grooming services are available at an extra cost upon request.

Should your pet become seriously ill, we will attempt to reach the owner or appointed emergency contact. If neither person can be reached, the owner requests that the following conditions be adhered to: (please initial where appropriate)

\_\_\_\_\_ **Treat my pet regardless of the cost** of any necessary treatment, medication, or surgical procedures.  
\_\_\_\_\_ **Do not exceed \$ \_\_\_\_\_** for any reasonable and customary treatments, medications, or procedures.

The pet will be checked for external parasites (fleas and ticks) upon arrival at the facility. A test for internal parasites will be performed if internal parasites are suspected at the discretion of kennel personnel. If parasites of any kind are present in/on the pet, treatment will be administered without notification to the owner. The owner will be responsible for costs associated with tests and treatment.

Any pet not picked up within 10 days of the anticipated discharge date will be considered abandoned and becomes the legal property of Broadway Veterinary Clinic. The kennel reserves the right to dispose of the pet pursuant with Kentucky state law KRS 257.100 (3). The owner will be notified via certified mail at the given address before any action is taken to dispose of the animal.

The owner represents that he/she is the legal owner of said pet and that title to pet is not mortgaged in any way.

Owner acknowledges and agrees to the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date