**2022 Newbury Veterinary Clinic Boarding Policies**

Please read over our boarding policies and initial each statement. If you have any questions, please ask before signing.

**Boarding Policies**

\_\_\_\_\_\_\_\_\_\_All dog(s) must be free of external parasites when admitted to boarding or must be treated upon arrival at owners’ expense.

­­­\_\_\_\_\_\_\_\_\_\_I understand that payment is required at the time of pick up.

\_\_\_\_\_\_\_\_\_\_I certify that my dog(s) is in good health and current on all required vaccinations (Canine Distemper, Rabies and Kennel Cough/Bordetella). Proof of vaccination must be on file prior to drop off.

\_\_\_\_\_\_\_\_\_\_I understand that while my dog(s) is fully vaccinated, vaccines are not guaranteed prevention of illness and there is a small risk that my dog(s) may contract a contagious disease or illness.

\_\_\_\_\_\_\_\_\_\_If medication is necessary for treatment or handling, I give Newbury Vet Clinic permission to administer as needed. This may include, but is not limited to, anti-anxiety medication or gastrointestinal medication.

\_\_\_\_\_\_\_\_\_\_I will not hold Newbury Vet Clinic responsible for lost or damaged belongings.

\_\_\_\_\_\_\_\_\_\_I understand that Newbury Vet Clinic’s boarding facility is not staffed 24 hours a day, therefore my dog(s) will be unattended between the hours of 6pm and 8am.

**Medical Release**

\_\_\_\_\_\_\_\_\_\_All reasonable precautions will be taken to ensure the continued health of your dog(s), including precautions to prevent injury, escape or other life-threatening emergencies. I agree that should any problems occur, regardless of origin, I am responsible for my own dog(s) care and cost. I hereby release and hold harmless Newbury Vet Clinic and its staff from any and all claims arising out of or connected, directly or indirectly, with my dog(s) stay at the boarding facility.

\_\_\_\_\_\_\_\_\_\_If Newbury Vet Clinic is unable to reach me at the provided numbers, I authorize their staff to treat my dog(s) as the doctors deem necessary.

By signing below, I understand and agree to the policies listed and have no further questions regarding my dog(s) stay at Newbury Vet Clinic.

Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_