

Bark Avenue Resort & Kamp Agreement



Date: _____ Pet Parent's Name _____

Pet #1 Name _____ Pet #2 Name _____ Pet #3 Name _____

Home Phone _____ Cell Phone _____ Other Emerg # _____

Name of Veterinary Hospital _____ City _____ Dr. _____

Medical policy: To insure the protection of all pets under our care, written verification of the following medical services must be presented. If the status is not current, the vaccines or medical service will be administered at the owner's expense. **If your pet is not a patient at Mission Animal & Bird Hospital, we also require current medical records be on file.** If you have any questions regarding the current status of any of these services, please ask. Requirements:

Dogs : Physical Exam and Intestinal Parasite Check (in last 12 months); DHPP, Bordetella and Rabies vaccines

Cats : Physical Exam and Intestinal Parasite Check (in last 12 months); FVRCP and Rabies vaccines

Bedding policy: I understand that if I choose to bring any belongings that require laundering that there is a fee associated.

Flea policy: I understand that if my pet enters the resort with fleas or flea dirt, a flea medication will be given to my pet and a fee is associated.

Pet hygiene: We desire that all pets at our pet resort be clean as well as flea and odor free. **WE REQUIRE THAT ALL CANINE GUESTS, STAYING WITH US FOR TWO OR MORE NIGHTS, RECEIVE A CLEANSING BATH.** This cleansing bath does not include de-matting, clipping, etc. Please ask for fee.

Special care: Any pet with a medical condition, needing more than the standard care provided other resort guests, will have a nurse companion during the stay. At the time of check in, the resort staff and nurse will notify you of this as well as the associated fee.

Food: I understand that, if I bring my own food, it needs to be pre-packaged in separate containers/bags for each meal. Otherwise, a charge will be added on a per meal basis.

Additional menu items: I understand that, if I have requested any of the additional services, there is a fee associated with that service.

MEDICATIONS to be given : I understand that it is my responsibility to provide the medication in its original bottle and to provide explicit written instructions for any medications to be given. (Please ask for medication administration fee). At our doctors' discretion, medications and dosages may be changed or stopped. If a change is being considered, our doctors will make every attempt to reach your pet's regular doctor to discuss your pet's condition.

In the event that my pet becomes ill: I request that every reasonable attempt is made to contact me at the emergency numbers I have provided. However, if I cannot be reached, I authorize **Mission Animal & Bird Hospital** to do whatever is deemed necessary for the health and well being of my pet. I will be responsible for all medical fees.

Note: Like most other boarding facilities, there is no one on the premises after closing. However, the hospital is centrally monitored for smoke, fire, and break in.

Date _____ Print Name _____ Signature _____