

**All Bay Animal Hospital  
1739 Willow Pass Rd  
Concord, Ca 94520  
925-687-7346**

**Boarding Contract**

**Client ID:**  
**Client**  
**Name:**  
**Address:**

**Telephone:**

**Patient ID:**  
**Name:**

**Species:**  
**Breed:**  
**Sex:**  
**Color:**  
**Markings:**

All boarders must be current on their vaccinations (including bordetella for dogs). Boarders that cannot provide proof of vaccination will be immunized at the owner's expense. All boarding fees must be paid in ADVANCE. Animals picked up after 12 noon will be charged for an additional day of boarding. Animals can be picked up as early as 8:00 A.M. Monday - Friday.

I certify that I am the owner or authorized agent of the above animal and do hereby consent and authorize ALL BAY ANIMAL HOSPITAL and its staff to board my pet and to administer any vaccination, medication, test, surgical procedure, anesthetic, or treatment that the doctor deems necessary for the health and safety of the above animal while it is under their care and supervision. I understand that my pet will receive an examination and flea inspection, and if numerous fleas are found to be present on my pet, a flea bath and/or flea treatment will be administered at my expense. If my pet should injure itself in an escape attempt, refuse food, become ill, or die while it is being boarded, I will not hold All Bay Animal Hospital or its staff responsible and/or liable.

I also realize that I am responsible for payment of the above procedures and treatments in full at the time that the animal is discharged. If I neglect to pick up my animal within ten days after the animal was due to be picked up, I understand that my animal will be deemed to be abandoned. You are then authorized to dispose of the animal as you see fit. Abandonment does not release me from my obligations to pay the bill. I further agree that in case of non payment, a finance charge of 1.5% per month (18% per annum) will be charged and that any collection fees or attorney fees will be paid by me. I will promptly pay all expenses (which are in reasonable amount) for any additional veterinary services required by the animal as outlined above.

I represent that I am the legal owner of the animal, that animal has not been exposed to distemper or rabies within the last thirty days, and that the required annual licenses have been obtained.

Advance payment of \$\_\_\_\_\_ (cash \_\_\_\_\_ check \_\_\_\_\_ charge card \_\_\_\_\_) for boarding from \_\_\_\_\_ (date admitted as boarder) until \_\_\_\_\_ (date owner will pick up).

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where owner can be reached: (\_\_\_\_\_) \_\_\_\_\_

Equipment (leashes/pet carrier/toys etc) left with animal: \_\_\_\_\_