

# HOTEL CONTRACT

This contract states that you are aware of our Hotel policies and will follow the guidelines stated below for each undersigned pet. **We will ask you to renew your contract every 6 months.**  
At each hotel visit you will be asked to fill out a short form stating any medications, special options and emergency numbers.

Please list all pets that will be covered under this contract:

Your Last Name \_\_\_\_\_ Pet Name(s) \_\_\_\_\_

**Vaccine/Flea Policy:**  
I understand that in order for my pet to stay in the hotel, **he/she must be current on his/her Rabies, Distemper, and (Lepto, Bordetella, Fecal and Dewormer - dogs only).** If I do not provide proof that my pet is current on vaccines and dewormer, I understand that they will be examined, vaccinated and/or dewormed appropriately upon arrival. In addition any pet found with fleas will be treated with Nexgard, Revolution and/or Comfortis flea treatment at the discretion of the doctor. If a fecal is performed and yields a positive result, your pet will be administered an appropriate de-wormer. All boarding dogs are required to be dewormed within the last 6 months with Drontal Plus or Panacur only.  
**(The exam, vaccines, deworming and/or flea treatments will be in addition to the hotel charges.)**

## Medical Treatment Authorization

If a problem arises with your pet(s) while in the hotel and he/she needs immediate attention, the doctors will perform necessary treatment to protect the health and comfort of your pet. In the event of an emergency we will call the emergency number provided to give you an update or to get permission for further treatment as soon as your pet is in stable condition. If you are unreachable a decision will be made regarding appropriate treatment for your pet(s) at the doctor's discretion.

**(Any costs involved with these procedures will be added to your current hotel charges and must be paid for at the time of discharge.)**

**Choose One**

**YES:** I give Kildaire Animal Medical Center permission to perform necessary treatment to my pet(s) while in the hotel.

**NO:** I understand by choosing "no" that I must be contacted prior to any treatment and this action may compromise the life and/or health of my pet.  
In the state of Emergency, if we can not reach you, basic treatment WILL be done to stabilize your pet until we can get a hold of you. These costs will be in addition to your hotel costs.

**\*\*\* If "no", I release Kildare Animal Medical Center from any liability resulting in injury or death of my pet \*\*\***

**Taking your Pet Outside (for dogs only)**  
I give permission to the employee's of Kildaire Animal Medical Center to walk my dog outdoors in our enclosed area and release them from any liability.

**Belongings:**  
Bedding, blankets and toys are prohibited. Our team will provide a soft and comfortable area for your pet to lay on during their stay with us. Treats and own food are ok to provide.

**Billing:**  
I understand that the hotel stay is **billed per day.** The day I drop off is counted as day one and on the day of pick up, if my pet is picked up before 1pm, I will not be charged for that day. I understand that Sunday pick up is from 5-5:30pm only and I will be billed for a full day in the hotel.

**Barring negligence, Kildaire Animal Medical Center cannot be held responsible for events that are out of our control. This includes illness or injury that may occur while your pet is staying in our hotel or participating in doggie daycare. I hereby release and waive Kildaire Animal Medical Center and it's team members from any liability associated with boarding of my pets. I have read and understand the policies of Kildaire Animal Medical Center's Hotel Facility and agree to the above statements. Payment is required at check out.**

Signature \_\_\_\_\_ Date \_\_\_\_\_