



**DOG BOARDING PARTICIPATION AGREEMENT**  
**(To be completed by Dog Owner)**

I, \_\_\_\_\_ have read the following and have been provided the opportunity to ask questions of the Wignall Animal Hospital Staff.

1. I agree that my dog is in good health, showing no signs of illness and is free of parasites to the best of my knowledge.
2. I understand that my dog will spend time in the outside play yards during its boarding stay at Wignall Animal Hospital but will be confined to a kennel run at staff discretion during rest times.
3. I understand that while every precaution is taken, there are certain risks to dogs playing together including, but not limited to; potential injury from interacting with other dogs, illness such as Bordetella/canine cough or other contagious illness and parasites. Treatment for any such illness or injury will be at my expense.
4. I understand that my dog must be up to date on rabies, distemper, leptospirosis, bordetella, canine influenza vaccines and have proof of a negative fecal test within the past 12 months in order to be boarded at Wignall Animal Hospital.
5. I understand that my pet should be kept on a regular heartworm, flea/tick, deworming regimen to prevent the spread of parasites.
6. I understand that any problems that may arise with my dog will be handled by the Wignall Animal Hospital Staff at their discretion and as they see fit. I also understand that if any medical problem should arise, I will be contacted. If I am not able to be reached my dog will be treated at the discretion of Wignall Animal Hospital and I will be financially responsible for any expenses.
7. I understand that if the staff observe any aggressive behavior my dog *may* be confined for the remainder of its boarding stay with no deduction in the price of boarding.
8. I understand that I will be notified about any behavior that concerns the staff. I also understand that in certain situations where a dog's behavior causes safety concerns for staff or pets, Wignall Animal Hospital reserves the right to contact you to make arrangements to pick up your pet and refuse further services.
9. I understand and agree that my dog's pictures and videos may be taken and used at the discretion of Wignall Animal Hospital to publicize the boarding program.
10. I understand that it is in my dog's best interest to reserve boarding arrangements as far in advance as possible. I understand that if I do not make a reservation there is a chance my dog may not be able to be accepted into the boarding program due to capacity.
11. I understand that payment is expected at the time of service and that failure to maintain a current account may result in my pet not being able to participate in the boarding program.
12. I understand that if my pet is to receive medication or nutraceutical supplements during their stay that these medications must be brought in the original packaging. Pets who are



diabetic, receive more than 3 medications a day or medications that must be administered at specific times or receive medications more than 2 times a day are charged a Medication Administration Fee of \$20/day. This fee covers the higher level of care and oversight by the medical team. Pets who receive 1-3 medications only 1-2 times a day, at non-specific times, and are not diabetic will be charged the lower rate of \$12.

- 13. Due to the risk of zoonotic illness to staff and pets from uncooked/raw/dehydrated meat, we are unable to accept any of these diets to feed and store in our facility. If you have specific questions about diet, please call the office to discuss them in advance of your pet's stay so we can assist you.

**I certify that I have read and agree to the terms of this policy.**

**By signing, I hereby acknowledge that I have read, understand and accept the Wignall Boarding Policies and have reviewed pricing for additional services requested.**

Owner Signature \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
CSR Signatures \_\_\_\_\_ CSR's Name: \_\_\_\_\_ Date: \_\_\_\_\_