



## FANTASIA PET RESORT BOARDING POLICIES

\*Only if you or your emergency contact is not available\*

- VACCINATIONS:** All pets for boarding or day care must be current on DHPP, Rabies, Infectious Tracheobronchitis (Bordetella required every six months). Pets found not to be current will be vaccinated upon arrival. A \$25 fee will be added to your bill for traveling to the Vet. If external or internal parasites are found on the pet during the stay, they will be treated as needed determines. The cost of the vaccinations and/or treatments will be added to the total bill.
- All animals will be examined after they are dropped off. We will attempt to notify you prior to your departure of medical or surgical procedures that will help ensure the health of your pet, and could be performed at a Veterinary Clinic/Hospital during the boarding period.
- MEDICATIONS:** Pet's requiring medication need to have it with them. If not, a new prescription will be created from a Vet and a \$25 fee will be added to your bill. There is an additional \$2.00 charge for each medication administration each time per day that medication(s) need to be given.
- If the pet is found to be aggressive and dangerous to the staff or other animals, all additional charges will be added to the total bill. If the pet must be separated from the general population and put in quarantine, quarantine procedures will be added to the bill.
- Pets are only released during office hours. If the pet is to be picked up by someone other than the owner, arrangements must be made with FANTASIA PET RESORT regarding the balance due and who is allowed to pick up your pet(s).
- All reasonable precautions will be used to prevent injury and escape of the pet. FANTASIA PET RESORT is not responsible for the actions of the pet that may cause injury and escape. \_\_\_\_\_ Please Initial

### REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

**Please initial one of the three options if medical treatment at a veterinarian is needed:**

\_\_\_\_\_ **A.** Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

\_\_\_\_\_ **B.** Treat my pet as needed, but not to exceed \$\_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will **NOT** receive further medical treatment even if it is life-threatening. I understand that if **the doctor** feels that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, **the doctor** is authorized to euthanize (put to sleep) my pet. I will be responsible for the charges accrued during that time period.

\_\_\_\_\_ **C.** Treat my pet as needed. Do diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand the "extensive measure" is left to the discretion of the doctor. I accept full financial responsibility for the charges.

Date to be picked up:\_\_\_\_\_

SIGNATURE\_\_\_\_\_

PRINT NAME\_\_\_\_\_