



Boarding Agreement

Animal Medical Center
204 W. 75th Street
Kansas City, MO 64114
816-333-9000

This Contract is between Animal Medical Center (Hereinafter called "AMC") and the dog Owner/representative whose signature appears below. The term "pet" refers to all dogs and cats boarding with the same ownership.

- 1 I specifically represent that I am the owner of the pet, or have been authorized by the owner of the pet to enter into this contract as the owner's agent.
- 2 I agree to pay the boarding rate for all services and treatments effective on the date the pet checks into AMC (not when the reservation is made) Rates are subject to change at any time.
- 3 I agree to pay all costs and charges for boarding services requested, and I understand if I do not pick up my pet at the expected discharge date, additional charges such as additional days will apply.
- 4 I assert that all known medical and behavioral history of my dog has been disclosed to the AMC before boarding.
- 5 I understand that Kennel Cough, other respiratory pathogens, gastrointestinal upset (diarrhea or vomiting) either due to intestinal parasites or stress are more common in boarding facilities, and that even though my pet has been vaccinated against this, it is still possible to contract. I will be responsible for the cost of treatment
- 6 I understand that if fleas are found on my pet, I will be responsible for treatment. It is my responsibility to have a flea prevention on my pet prior to boarding and because of this policy I understand there is no way AMC can be held responsible if my pet is found with fleas.
- 7 If my pet is not picked up within 10 days of the expected discharge date it will become the property of Animal Medical Center
- 8 AMC provides an environment where dogs can socialize in a fun and safe manner. All personnel at AMC are trained in safe dog handling and pack management to reduce the possibility of injury; however, as we are dealing with animals, the possibility of injury exists nonetheless. I will be responsible for all costs regarding management of injury for pet and others involved.
- 9 In Case of Emergency, I, _____ (Owner's name/s) hereby authorize AMC to provide medical treatment or transport my pet to an emergency facility should this be warranted.
- 10 I understand that Animal Medical Center personnel and/or the veterinary clinic will make reasonable effort to contact me to obtain my permission for medical treatment at my current number on file. I have verified this number is correct and if it should change it is my responsibility to update this information. However, should AMC be unable to contact me or my authorized alternate emergency contact, I hereby agree that Animal Medical Center may represent me to make any and all medical treatment decisions, including diagnostic testing, medication, surgery and any other treatment deemed necessary.

I am willing to spend up to \$ _____ for my pet's medical treatment, and agree that I am responsible for payment of veterinary services.

By signing this agreement, I have read and understand the AMC boarding policies. I understand that I may have a copy of the policies at any time. I agree to abide by the policies and accept all the terms, conditions, and statements of this agreement.

This contract is validated by the signatures below in total and as approval for future services without additional written authorizations. I understand that if item 10 should change I must notify AMC and sign a new agreement.

Signature of Owner: _____ Date: _____

Name of Owner: _____

Emergency Contact Name: _____ Phone Number: _____