

# **Wheeling Animal Hospital & Pet Resort Boarding Agreement**

532 S. Elmhurst Rd. \* Wheeling, IL 60090 \* (847) 520-7387 \* [www.wheelinganimalhospital.com](http://www.wheelinganimalhospital.com)\* [wheelingac@aol.com](mailto:wheelingac@aol.com)

**DATE:** \_\_\_\_\_

**PLEASE READ, INITIAL, AND SIGN BEFORE CHECK IN.**

- 1. All boarding guests must sign a boarding contract for each pet boarding.
- 2. This is a contract between Wheeling Animal Hospital & Pet Resort (WAH&PR) and the pet owner whose signature appears below (hereinafter called "Owner").
- 3. For all boarding guests, Owner agrees to pay a non-refundable deposit of \$25 per room at the time the reservation is made. At check out, Owner agrees to pay all charges accrued while pet is in care of WAH&PR. Owner agrees that the pet shall not be released from WAH&PR until all charges for boarding, grooming, medicine, veterinary services, etc. are paid to WAH&PR by Owner.
- 4. If Pet is to be boarded any time over peak and holiday periods, as posted at WAH&PR, Owner agrees to pay for HALF OF ALL DAYS RESERVED, unless said dates are canceled within 48 hours of the check-in date. If Pet is to be boarded any time over non-peak and non-holiday periods, as posted at WAH&PR, Owner agrees to pay for ONE NIGHT, unless dates are canceled within 24 hours of check-in date.
- 5. If pet becomes ill or if the state of the pet's health requires professional attention, WAH&PR, in its sole discretion, may engage the services of a veterinarian, administer medicine, or provide a special diet or give other requisite attention to the pet and the expenses thereof shall be paid by the Owner.
- 6. If Pet displays excessive signs of aggression or become unmanageable at any point before check-in or during the check-in process, WAH&PR reserves the right to refuse service. If Pet displays excessive signs of aggression or becomes unmanageable at any point during the boarding stay, every effort will be made to contact you or your Emergency Contact to retrieve the Pet.
- 7. In the event of any emergency, every effort will be made to contact you or your Emergency Contact to retrieve your Pet. You agree that WAH&PR, at its sole discretion, is authorized to transport and/or to make temporary alternative arrangements to house and care for your Pet until such time you or your Emergency Contact can retrieve the Pet.
- 8. When requested, WAH&PR will board more than one pet of the same species, from the same household, in a single unit. However, WAH&PR reserves the right to place the pets in a separate unit if deemed necessary. The single unit rate will then apply for each pet.
- 9. The daily boarding charge applies **the day you drop your pet off and each subsequent day the pet is here after 12 noon. Sunday pick-ups are available from 1 pm to 4 pm and require that payment to be made at time of check-in.**
- 10. All pets are boarded by WAH&PR without liability on our part for loss or damage, from disease, death, running away, theft, fire, injury to persons, or other animals or property by said pet, fence climbing, or other unavoidable causes, due diligence and normal care and caution having been exercised.
- 11. WAH&PR is not responsible for loss or damage to any person item or toy left with your Pet. WAH&PR is not responsible for any loss or harm caused to the Pet by its personal items.
- 12. By signing this agreement, and leaving your pet with WAH&PR, Owner certifies to the accuracy of all information provided about pet, that pet is current on all vaccines required by WAH&PR, that pet has not been exposed to rabies or distemper within a 30 day period prior to boarding, and that Owner is the legal owner of said pet.

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DATE: \_\_\_\_\_

## **PLEASE READ, INITIAL AND SIGN BEFORE CHECK IN.**

I have read this agreement on this date, \_\_\_\_/\_\_\_\_/\_\_\_\_, understand its terms and signed if freely.

Pet's Name: \_\_\_\_\_

Signature of Owner or Owner's Agent:\_\_\_\_\_

Signature of WAH&PR Representative:\_\_\_\_\_

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Owner Name – please print

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Home Phone

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Address (Street or Mailing Address)

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Cell Phone

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Address (City, State, Zip Code)

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E-Mail

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Emergency contact who can act on your behalf for all purposes under this Agreement

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Contact Name – please print

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Home Phone

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Address (Street or Mailing Address)

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Cell Phone

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Address (City, State, Zip Code)

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E-Mail