

# VCA Plymouth Animal Hospital and Pet Resort

100 Industrial Park Road, Plymouth MA, 02360

508-746-4232 vcaplymouth@vca.com vcaplymouth.com

**Resort Hours** Monday-Saturday: 8 a.m. to 5 p.m., Sunday: Closed

You may drop off or pick up your pet anytime between these hours. All guests will be charged for the drop off day.

The Pet Resort is fully staffed **seven days a week** from 6 a.m. to 6 p.m.

If picked up **by noon** on check out day there will be **no charge**.

If picked up **after noon** you will be charged the **full boarding fee**.

**Holidays** The Resort is closed on Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas & New Year's Day

Resort Stay: \_\_\_\_\_

Arrival Date

Departure Date

## Dog Boarding Agreement and Intake Form

Boarding includes breaks and playgroups in the yard three times daily and unlimited access to their own outdoor patio when weather permits.

### Diet

Food Allergies:

No Known Allergies

Yes (please list): \_\_\_\_\_

What type of food will your dog be eating? *(Please check one of the following):*

Resort Diet

Own Diet *(please specify brand/type of food):* \_\_\_\_\_

Please keep the following in mind when bringing your own food:

- The Resort does not allow any type of raw diet
- The Resort does not allow any meals with meat that has been cooked prior to arrival
- The Resort does not allow deli meats
- The Resort cannot be responsible for cooking or meal preparations of any kind
- If you bring any prepackaged, refrigerated foods, they must arrive unopened

Please provide instructions for feeding: *(quantity, how many times a day, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your dog is not eating, will you allow us to add wet food to tempt them?  Yes  No

If your pet experiences diarrhea during their stay, would you like us to start them on a probiotic to help restore the proper balance of bacteria in their GI tract? *(Price based on weight)*

My dog typically has diarrhea while boarding, please start the probiotic now, upon intake.

Please start my dog on a probiotic if they develop diarrhea during their stay.

No, do not start my pet on a probiotic without calling me to discuss the situation.



## Medication

\*A small fee is charged for each medication administration\* Our staff is trained and qualified to administer oral and topical medications. We also are able to provide subcutaneous injections, such as insulin.

### Please review the following regarding medications:

- We are able to administer medications on a schedule of 'Once a day' and 'Twice a day'
- We are NOT able to administer medications with a schedule of every 8 hours (3x a day)
- ALL medications must be in original labeled prescription bottles
- WE CANNOT ACCEPT pills/medications in baggies, pill boxes, etc.
- Please DO NOT put any medication into your pet's food before bringing it to the Resort

Please list all medications your pet will need during their stay:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## Personal Belongings

We provide your pet with everything needed to stay happy and comfortable during their vacation with us. We ask that you do not bring toys, blankets, beds, bowls or litter boxes as we have plenty here. *We are not responsible for lost items.*

Owner Initials: \_\_\_\_\_

If you brought anything with you for your pet's stay, please list the items below:

\_\_\_\_\_  
\_\_\_\_\_

## Group Playtime

We are able to provide supervised playtime for your dog with other boarders during their stay. Small groups of dogs are selected to play together based on size, age, activity level, and temperament. We reserve the right to remove your dog from playgroup if, in our opinion, they pose a risk to other dogs. While playgroup is supervised closely, occasionally a dog may be injured. We are not responsible for any injuries that occur in the playgroup setting. *\*All dogs must be spayed or neutered to join play group.*

Yes, my dog can participate in group play      Owner Initials: \_\_\_\_\_

*If you do not want your dog to interact or go outside with other dogs during their stay, please check the box below and initial.*

Do not allow my dog to go out with other dogs      Owner initials: \_\_\_\_\_



## Snacks *(additional charge)*

- Frozen yogurt treat
- Frozen Peanut Butter Kong

How frequently would you like us to give the snack?

- Once every day
- Once every other day
- Alternate between the two each day
- Other: \_\_\_\_\_

## Photo Release

Here at the VCA Plymouth Pet Resort, we enjoy taking pictures of your pets while they are out playing, etc. Please indicate below if we have your permission to share those pictures on our social media platforms.

Unless you specifically ask us not to, we will continue to send pictures directly to you through your myVCA app or via text, regardless of your response below.

- I approve the use of my pet(s) photos on social media
- I decline the use of my pet(s) photos on social media

## Emergency Contacts

Please provide the names and numbers of **three** people who we can contact in the event of an emergency and we are unable to contact you. **By listing these people below, you are authorizing them to give verbal permission to have your pet examined and treated by a doctor.**

Please list these in the order they should be contacted. We will need at least two contacts other than yourself. If we are unable to reach the first person listed, we will immediately move to the second, and then to the third.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*\*Please verify the accuracy of this information. It is imperative we are able to contact someone in the case of an emergency\**

## Policies and Procedures

**Vaccinations:** All dogs are required to be up to date with their immunizations. These include Rabies, Distemper, Bordetella (kennel cough) Canine Influenza, and Leptospirosis. A parasite screen every six months is also required for your dog to stay with us. Records are required for proof of vaccination and negative fecal result.

Owner Initials: \_\_\_\_\_

**Weather:** In case of inclement weather, we will notify all clients if our resort hours will be temporarily changing for safety reasons. Please be aware that our Resort is **not a 24-hour facility** and does not supply a generator. In the event of severe weather which causes a power outage over an extended period of time, all emergency phone numbers which you provided will be notified. All our clients will have the option to arrange for someone to pick up their pet, or if our Hospital Manager and Resort Supervisor feel strongly about the situation, transporting your animal to a local hospital which provides a generator could potentially be the best option. Signing this agreement will allow our staff to transport your pet to another facility for his/her safety.

Owner Initials: \_\_\_\_\_



## Policies and Procedures (cont'd)

**Liability:** At VCA Plymouth Animal Hospital and Pet Resort, we make every effort to ensure the safety and well-being of your pet. Unfortunately, circumstances beyond our control may arise during your pets stay and injury or illness may occur. VCA Plymouth Animal Hospital and Pet Resort is not responsible for these situations.

Owner Initials: \_\_\_\_\_

**Sick Animals:** Veterinarians are available during regular office hours if your pet becomes sick. In the event that we are unable to contact you and/or your emergency contact, the veterinarian will use their best judgement to provide appropriate medical care for your pet, up to \$500, until the contacts are reachable. We reserve the right to transfer your pet to VCA South Shore Weymouth Animal Hospital if more intensive care is indicated. You will be financially responsible for any care that your pet receives during their stay, including, but not limited to, medications, diagnostic tests, medical boarding fees, and any fees accrued at VCA South Shore Weymouth Animal Hospital.

Owner Initials: \_\_\_\_\_

By signing this document, I acknowledge that I have read, understand, and will adhere to the boarding policies for VCA Plymouth Pet Resort. I assume full financial responsibility for all charges and services incurred during my pet's stay. I agree to pay my full bill at the completion of their stay.

Print Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Treatment Authorization

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

We acknowledge the difficult nature of the following decision. In the event that your pet should suffer cardiac and/or respiratory arrest while in our care, immediate action is required. Therefore, it is imperative that the doctors and staff are aware of your wishes regarding resuscitative efforts. Please do not hesitate to ask to speak with a Technician or Doctor should you have any questions or concerns regarding your selection for CPR.

Please choose one of the following options:

- Do Not Resuscitate – In the event of cardiac or respiratory arrest, no resuscitation will be attempted.
- Resuscitate – In an attempt to resuscitate, my pet may be intubated and ventilated (assisted breathing). Emergency medications may also be given, and cardiac compressions may be performed. CPR will be performed as determined appropriate by a veterinarian on duty. I am aware that I would be financially responsible for any resuscitative efforts. Initial costs can range from \$500 - \$1000. Additional charges will apply if your animal needs to be transferred to a referral hospital for continued treatment.

*In the event of a cardiac arrest, we will make every effort to contact all emergency numbers provided (please be sure that all emergency contact numbers have been given to the staff).*

Print Name of Client or Authorized Representative: \_\_\_\_\_

Signature of Client or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## Waiver of Liability Regarding Overnight Boarding

I, the undersigned owner or authorized agent of the owner of the above pet, understand and acknowledge that my pet shall be housed overnight at VCA Plymouth Animal Hospital and Pet Resort ("VCA"). My pet will be offered food and water at appropriate times during regular business hours and offered clean litter or walked regularly as applicable during staffed daytime hours.

It is understood that after regular business hours of the facility, there is no personnel on the premises and veterinary care and/or supervision (including the services provided by veterinary support staff and kennel staff) will not be provided.

I understand that no personnel will be on the premises to attend to my pet overnight while boarding at VCA. By signing below, I acknowledge that I am aware there are unforeseen situations for which we cannot prepare (i.e. building fire, electrical outage, etc.) and understand this is an inherent risk of overnight boarding without staff on site.

I will not hold VCA Plymouth Animal Hospital or VCA Inc. or any of its directors, officers, employees, parents or affiliates liable for any injury to my pet (or even death) while overnight boarding. I agree to hold the veterinarians and personnel at this veterinary facility harmless for the absence of a veterinarian or other personnel to provide overnight supervision and care to the above pet.

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Signature of Client or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## Flea Policy While Boarding

VCA always recommends that pets be kept up to date with Flea & Tick prevention. If we see fleas on your pet either prior to or during their stay, we will treat your pet with an appropriate product and you will be responsible for the cost. The exact product used on your pet will be determined by a doctor based on the specific characteristics of your pet.

*By signing this document I understand and agree to the above VCA flea policy.*

Print Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

