



Account Number: _____

Pet Name: _____

BOARDING POLICY/ CONSENT
NORTH STAR ANIMAL CENTER

Welcome to North Star Animal Center. We are so excited to have you as part of our fur family! We hope you will enjoy your stay with us! Here are a few basic items we would like to be clear on to make your stay as smooth as possible! We will both sign at the end to verify all questions are answered to your satisfaction. To keep your file current, this document will be renewed every stay. It is our best recommendation that each time your pet receives any vaccinations request that the record of each visit be shared with our email **info@northstaranimalcenter.com**. This will keep your records as up to date as possible! Thank you for choosing North Star Animal Center, we look forward to a wonderful experience.

PREVENTION POLICY

Certain pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected; thus, owners of these pets must accept any risk of infection. This statement applies to pets under the age of 5 months.

DOGS- Rabies. DHPP. Bordetella. Flea/Tick Prevention.

CATS- Rabies. FVRCP. Flea/Tick Prevention.

_____ I understand to establish a safe and healthy environment for all participants in each of the programs offered at N.S.A.C., this facility requires that all pets spending time in the building have proof that appropriate vaccinations have been administered by my primary care Veterinarian OR with N.S.A.C. during their stay under the care of N.S.A.H. All pets must be **up to date on all required vaccines** at admission or updated during their stay by N.S.A.C. I must provide documentation of my pet’s current vaccination before the time of admission.

_____ I understand in addition to vaccinations, each pet who spends time in this building must receive Flea and Tick prevention to prevent internal and external parasites on an appropriate schedule. N.S.A.C will seek medical attention for any pet under our care who exhibits symptoms of parasites. I understand I will be contacted regarding any concerns found during my pets’ stay. If my pet is found to have internal or external parasites, they will be treated appropriately at my expense under the care of N.S.A.H.

Emergency Medical Care for Boarding Patients

_____ Should an emergency arise, I **AUTHORIZE** emergency medical care for my pet will be sought from the most readily available veterinary facility N.S.A.H. If my pet requires sedation during their stay, North Star Animal Hospital will administer the necessary medications at my expense. I agree to pay all reasonable costs for such treatment. I have been informed that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me.



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_____ Should an emergency arise, I **DECLINE** any treatment from N.S.A.H. I understand this may affect the health and well-being of my pet. I do not hold North Star Animal Hospital or Center responsible for any negative outcome from my decision. I understand N.S.A.H. will attempt to contact me as soon as reasonably possible after any event in which my pet would benefit from medical care to confirm this decision.

_____ In the event that my pet passes (dies) while in N.S.A.C. care due to age, injury, stress-related illness, weakened immune system, or exacerbation of any pre-existing condition, (e.g., heartworms, hookworms, roundworms, parvo, etc.) I agree to hold harmless N.S.A.C., staff members, and affiliates. I further agree that it is my responsibility to ensure the health of my pet prior to drop off and to alert N.S.A.C. staff of any pre-existing condition that should be monitored while in our care.

PICK UP POLICY

For the security of your pet and our employees, we will ONLY admit and/or release any pet to the persons listed on file during our established office hours.

Boarding Check Out is between 8 AM and 7 PM on your designated day.

Boarding pets picked up after 1 PM will be charged \$20.00 for an additional HALF Day daycare charge.

If you are receiving additional services on the day of your departure from NSAC, Pick Up time may vary dependent on the services being provided.

Daycare hours: 6 hours or less is a half day. Over 6 hours is a full day. Pets not picked up by closing will be switched to boarding prices and can be picked up in the morning.

_____ By initialing this section, I agree to pick up my pet as scheduled.

ANXIETY/AGRESSION

_____ In the event my pet becomes aggressive, and staff is unable to care for my pet safely and effectively, I understand I am responsible to come retrieve my pet from N.S.A.C within two hours of being notified. I understand that failure to retrieve my pet will result in an **added fee of \$100 per day** until they are picked up. I further agree to hold harmless N.C.A.S



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staff for any health decline or injury to my pet while my pet is exhibiting anxiety and or aggression.

FEEDING

Pets are fed during their stay as instructed by the owner.

_____ I understand that I will provide my own pet's food (dry or wet) for the number of days boarding plus two extra days in case of emergency.

_____ I understand that due to health risks, uncooked/ undercooked RAW Diets, fruits, or vegetables will not be fed to any dog or cat at N.S.A.C. Exceptions for rabbits, rats, ferrets, hamsters, and birds can be discussed upon drop off.

MEDICATIONS

We will be happy to administer any medications necessary to your pet while boarding. Please provide an original prescription with clearly labeled instructions. If you use a pill box for your pet, please list all medications and dosages on our designated page to allow for clear communication and proper administration.

_____ I understand that all medications must be prescribed by a licensed DVM and that I must provide a current prescription for the staff to administer any medication.

_____ I understand that all medications will be given between the hours of 8 am and 8 pm daily. I understand N.S.A.C is unable to provide medication before or after said time.

PERSONAL BELONGINGS

Bedding is provided for each pet but will be removed if a pet becomes destructive. Please limit items left with your pet to no more than 3 non-edible items.

We will take a picture of these belongings and add it to their file, please remember however that we cannot be responsible for the destruction or loss of an item.

We strongly recommend keeping sentimental items at home.

Each item must be clearly labeled in Sharpie Permanent marker with your pet's FIRST AND LAST NAME.

_____ I understand that leaving personal belongings with (pet) does not guarantee that they will be returned, and that damage may occur to the items left behind.



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PHOTO RELEASE FORM

N.S.A.C. Would like your permission to use images taken of your pet(s) to showcase the joy and love between your pet(s) and our staff.

_____ I **AUTHORIZE** the use of my pet(s) photos and first name to be used on the following formats N.S.A.C website, bulletin board, Facebook page, Tik-Tok account, and Instagram account.

_____ I **DECLINE** the use of my pet(s) photos and first name to be used in all social media.

INTERACTION PROTOCOL

By initialing each section, I confirm that I have read, understand, and agree to the information therein.

_____ I authorize N.S.A.C. to allow my dog off-leash play time with siblings or organized play groups approved by management once compatibility has been established. I understand that some dogs may play rough or fight even if they have been deemed compatible and that I do not hold N.S.A.C. responsible for any injury to my pet.

_____ I understand that attendance by (pet) in the daycare program involves off-leash play time with siblings or organized play groups approved by management once compatibility has been established. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or documented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries my pet sustains while playing at this facility. I further understand and accept that in the absence of negligence, the owner will not be held liable for any injuries or deaths related to my pet’s participation in this program.

_____ In the event that my pet contracts a communicable disease during the stay at this facility, I assume the risks and accept responsibility for the costs of all treatments. I also agree to withhold my pet from this program until a veterinarian has deemed the pet to be free from communicable diseases. Although the risks of communicable diseases are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.



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_____ I understand that all pets are walked on a leash or provided harness solely indoors during their stay at N.S.A.C. I understand that an employee will always be supervising my pet and I assume all risks and responsibilities associated with my pet(s) being walked as I requested.

EMERGENCY CONTACT

_____ I understand that my veterinarian may not always be available to provide services at all hours, and under those circumstances, I authorize North Star Animal Hospital (affiliate of N.S.A.C.) to provide care for my pet.

_____ I understand I will be financially responsible for any services provided during your pets' stay unless other arrangements have previously been made.

_____ I understand that I will be responsible to call and make payment on all requested services prior to the arrival of my pet.

_____ I understand that this is a list of other individuals who are authorized to pick up and drop off (pet) to N.S.A.C. on my behalf and it is my responsibility to inform the individuals listed below that they will be asked to produce **VALID IDENTIFICATION** to pick up OR drop off ANY pet.

_____ I understand that the emergency contact listed below is a person other than myself, who is accessible to make decisions on my behalf should N.S.A.C. be unable to reach me within one hour of the initial attempted contact.

Emergency Contact 1:

Emergency Contact 2:

Name: _____ Name: _____

Number: _____ Number: _____

By signing this document, I certify that everything herein is true and accurate to the best of my knowledge, and I agree to abide by the rules set forth by North Star Animal Center as they are listed herein.

Signature: _____ Date: _____



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