



DAY STAY AGREEMENT

Client ID:

Client Name:

Address:

Telephone:

Email:

Patient

ID:

Name:

Species:

Breed:

Sex:

Color:

Birth

Date:

The following represents a contract between Agape Pet Hospital, LLC and the Owner/Authorized agent of the pet whose name appears on this application and facility agreement (the "Agreement"):

By signing this agreement and leaving his/her pet with Agape Pet Hospital, LLC, Owner certifies to the accuracy of all information given in the Agreement.

Owner agrees to pay the rate for hospitalization, grooming and any other requested services in effect on the date pet is checked into Agape Pet Hospital, LLC.

By signing below owner affirms that **ALL** required vaccinations of this pet are current, if vaccines are not current Agape Pet Hospital will vaccinate according to policies and laws. By signing below owner agrees that if internal or external parasites are seen on pet, pet will be treated at the owner's expense.

A **\$25.00 deposit** is required when booking hospitalization during peak times (holidays and school breaks). The deposit will be applied to charges at check out; however, if the stay is cancelled less than 48 hours in advance, the deposit will not be refunded and will be retained by Agape Pet Hospital.

Is your pet required to take any medication during their stay? Yes No **Given today?** Yes No

Explain in detail the medication name, dosage and frequency. Please note that there is a **\$2.61** charge per administration of oral medication and a **\$6.83** charge per administration of injectable medication.

Does your pet have **any allergies?** Yes No

If yes please explain:

Does your pet have any **fears or phobias?** Yes No

If yes please explain:

Will your pet need to be fed while here today?

Feeding Instructions: **Kennel Food** Yes No **Owner Food** Yes No

Amount _____ **Times per Day?** _____ **Did pet eat today?** _____

Further feeding instructions: _____

Please note: Agape Pet Hospital provides clean, comfortable bedding for your pet at no charge. If you choose to bring your pet's bedding it will be washed daily and may not be ready when your pet goes home. Agape Pet Hospital, LLC is not responsible for damaged or destroyed bedding.

Owner further agrees that pet shall not leave Agape Pet Hospital, LLC until all charges are paid to Agape Pet Hospital, LLC by owner. Agape Pet Hospital, LLC shall have and is hereby granted a lien on the pet for any and all unpaid charges resulting from hospitalizing pet at Agape Pet Hospital, LLC. The owner hereby agrees that in the event the hospitalization charges are not paid when due in accordance with this Agreement, Agape Pet Hospital, LLC may exercise its lien rights upon ten days written notice given by Agape Pet Hospital, LLC to owner by certified mail to address shown on this Agreement. Agape Pet Hospital may sell the pet for any and all unpaid charges, at private or public sale, at the sole discretion of Agape Pet Hospital, LLC and Owner specifically waives all statutory or legal right to the contrary. If such sale shall not secure a price adequate to pay such cost of hospitalization or other charges, plus cost of sale, the Owner shall be liable to Agape Pet Hospital, LLC for the difference.

Signature of Owner/Authorized Agent

Date

Important Information Every Pet Owner Must Acknowledge...

Pet Owners are required to bring a copy of your pet's current vaccinations with them for check in. You may also request that they be faxed to our office e at 615-302-3111 or emailed to vendor@agapepethospital.com at least **3 days** prior to your pet's check-in-date.
ANIMALS THAT ARE NOT CURRENT ON VACCINATIONS WILL NOT BE ACCEPTED INTO THE FACILITY.

As a convenience, you may update your pet's vaccines while hospitalized here.

Vaccines required by Agape Pet Hospital are: Canine-DA2PP-1 year or 3-year, Rabies 1 year or 3 year and Bordetella (every 6 Months),
Feline-FVRCP-1 Year and Rabies 1 year

We are a flea and tick free facility. If we observe external parasites on your pet they will be treated at your expense. This is to ensure that we do not infest other hospitalized patients in our facility as well as for your pet's comfort.

Agape Pet Hospital's Hospitalization hours are: Monday-Friday 7:30am-5:30 pm and Saturday 7:30 am-12:30 pm
We do not offer Sunday or Holiday Pick-Ups

Pets exhibiting aggressive behavior may be respectfully asked not to return.

Agape Pet Hospital takes all necessary steps to care for your pet to the best of our ability. Unforeseen issues can arise, and if they do, how would you prefer they be handled?

Please check one option.

- Please treat my pet as required. No need to contact me to begin treatment. I will be contacted after treatment as soon as possible.
 Perform only emergency and supportive care. Notify me for permission to begin treatment.
 Do not perform any diagnostics and/or treatment until I am notified and give consent to treat. I understand that my pet's health may be at risk until I am notified.

While we do our very best to care for your pet, Agape Pet Hospital cannot guarantee the health of any pet during their stay. Some conditions are unavoidable in hospitalization facilities, such as but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea and parasites.

Your signature below represents that you fully understand and agree with this agreement.

Owner/Authorized Agent/Date

PICK UP DATE AND TIME

EMERGENCY CONTACT NUMBER/NAME: _____