



BOARDING REGISTRATION, REQUIREMENTS & LIABILITY RELEASE

BOARDING INFORMATION

CLIENT NAME: _____ PET NAME(S): _____
BOARDING ADMIT DATE: _____ BOARDING DISCHARGE DATE: _____

LEGAL OWNERSHIP AND RESPONSIBILITY

I certify that I am the legal owner or an authorized representative for the legal owner of the pet(s) being boarded, and as such will accept full legal and financial responsibility. I understand that the pet(s) will only be released to me or my authorized representative(s) named below.

AUTHORIZED REPRESENTATIVE(S): _____

BOARDING FEES AND GUIDELINES

BOARDING FEES: A daily boarding fee is charged for each night your pet is present at our hospital, including the day of admitting. Pets boarded together in the same kennel will receive a discount. Additional fees are charged if your pet(s) need medications or there are special circumstances involved in boarding.

Canine \$20.00/night
Sharing Cage \$18.25/night/pet
Medication \$4.25/day

Feline \$18.00/night
Sharing Cage \$16.50/night/pet
Medication \$4.25/day

Discharge times are during regular business hours: Mon, Wed, Thu 8:00am-9:00pm Tue & Fri 8:00am-5:30pm Sat 8:00am-12:00pm

PETS BOARDING TOGETHER: If you request that your pets are boarded together, please let us know if they can be aggressive towards each other. Pets boarded together that display aggression or attack each other will be boarded separately and you will be charged accordingly.

My pets are to be **BOARDED SEPARATELY**
 My pets **ARE NOT** aggressive towards each other

My pets are to be **BOARDED TOGETHER**
 My pets **CAN BE AGGRESSIVE** towards each other

AGGRESSIVE PETS: Please let us know if your pet(s) can be aggressive towards people/pets so that we can take proper precautions to ensure the safety of our staff and other pets.

My pet(s) **IS NOT** aggressive towards people/pets

My pet(s) **CAN BE** aggressive towards people/pets

CHEWERS AND EATERS: Please let us know if your pet(s) chews or eats bedding/toys as there are times that your pet will be unsupervised. In the event your pet is observed chewing or attempting to eat bedding/toys we may need to remove these items from their kennel.

My pet(s) **DOES NOT** chew or eat bedding/toys

My pet(s) **DOES** chew or eat bedding/toys

MEDICAL EMERGENCIES/SICKNESS/LOSS

In the event that your pet becomes sick we will attempt to contact you or your listed emergency contacts. By listing an emergency contact you give them authorization to make all decisions about your pet if you cannot be reached. If we cannot contact you or your emergency contacts or in the event that an emergency occurs, you give permission for the doctors and staff at Animal Clinic and Hospital to provide whatever medical and/or surgical treatment is necessary for your pet(s) and understand that you agree to accept responsibility for all fees. You understand if your pet becomes sick or requires emergency care, there is no guarantee of a favorable outcome and you will still be responsible for all fees. You agree to release Animal Clinic and Hospital and its doctors and staff of all liability associated with boarding your pet.

I CAN BE REACHED AT THIS TELEPHONE NUMBER(S): _____

EMERGENCY CONTACT 1: _____ PHONE NUMBER: _____

EMERGENCY CONTACT 2: _____ PHONE NUMBER: _____

FLEAS AND TICKS

We keep our hospital flea and tick free. All pets will be checked for fleas and ticks at admittance and if fleas and/or ticks are found they will be treated at client expense.

