



BOARDING REGISTRATION, REQUIREMENTS & LIABILITY RELEASE

BOARDING INFORMATION

PET NAME(S):

CLIENT NAME:

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 \$25.00/night

Feline \$20.00/night

Sharing Cage \$20.50/night/pet

Sharing Cage \$18.50/night/pet

Medication \$4.25/day

Medication \$4.25/day

Discharge times are during regular business hours: Mon, Tues, Wed, Thu 8:00am-9:00pm 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 to be **BOARDED TOGETHER**

My pets **ARE NOT** aggressive towards each other

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. In the event of a medical emergency, please select one option for treatment of your pet.

Please provide whatever medical/surgical treatment is necessary for my pet without contacting me.

Please attempt to contact me, but if you are unable to, I approve medical treatment up to, but not to exceed \$ ____

Please do not provide any medical treatment for my pet, emergency or otherwise, without contacting me.

I understand by choosing this option, the doctors and staff at Animal Clinic will not perform lifesaving treatment.

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.

VACCINATIONS AND GENERAL HEALTH

It is the policy of Animal Clinic and Hospital to require proof of vaccination by veterinary record or verbal verification. ALL PETS MUST BE CURRENT WITH CORE VACCINES WITHIN A ONE YEAR PERIOD AND PETS MUST BE IN GOOD GENERAL HEALTH. By signing this form you certify that your pet(s) is in good general health and is not currently ill or under treatment for a contagious illness. For vaccination to provide maximum benefit, they must be administered no less than 2 weeks before boarding. Vaccinations administered at the time of boarding may provide partial but not maximum protection.

DIET/NUTRITION

All boarded pets are fed a high quality food made by Hill's Science Diet and/or Purina that is most appropriate for their life stage. If your pet is on a special diet or a different brand of pet food, please provide the food and it will be fed based upon your instructions at no additional charge. Bring your pet's food in a marked container with an adequate quantity for your pet's stay plus two extra days. A special diet charge is only accrued if we are required to warm/mix special food.

Please feed the food the clinic provides

Please feed the food I have provided

FEEDING INSRUCTIONS: Feed _____ cups Once Twice per day

 Feed _____ cans Once Twice per day

SPECIAL FEEDING INSTRUCTIONS: _____

MEDICATIONS

Please bring your pet's medications along with clear instructions on how your pet is to be medicated. In the event you do not provide us with instructions, we will follow the instructions on the medication container or use our best judgment. If your pet runs out of medication we will fill a prescription, charge your account and administer it according to the previous mediation's directions.

My pet(s) is not on any medications

My pet(s) is on the following medications. Their instructions are as follows: _____

REQUESTED SERVICES

These services are requested to be done while my pet is boarding:

Nail Trim Check Other: _____

CLIENT ITEMS

We prefer not to board your pet(s) with personal items as they can become lost, destroyed, or badly soiled and may need to be disposed of for sanitary and/or health reasons. If you leave items with us, including leashes, we cannot be responsible for those items as they may be destroyed, soiled, or disposed of and you will not be refunded money to replace or repair the items.

STRESS RELATED PROBLEMS AND OLD, CHRONICALLY ILL OR DIBILITATED PETS

All boarded pets, even fully vaccinated pets, placed in stressful situations may suffer decreased immunity and gastric changes. Vaccines do not protect against all disease. **All boarded pets become susceptible to sore throats, voice changes, canine cough, diarrhea, constipation, excessive grooming, and shedding. We cannot be responsible for costs associated with these conditions if they arise during or after boarding and you agree not to hold us liable for any costs associated with these conditions.** We do not recommend boarding for extremely old, chronically ill, or debilitated pets. These pets have a significantly higher risk of injury, progression of illness and susceptibility to disease. Animal Clinic and Hospital will make reasonable attempts to accommodate your pet(s) but this may not be feasible in all cases.

BATHING

Sometimes when a pet is away from home he or she will experience a change in routine that may result in accidents happening in their kennel. We do our best in keeping the kennels clean at all times and your pet in a clean environment. However, this cannot always be helped and your pet may become soiled. **If this happens, for their health, we will bathe your pet at a discounted rate of \$25.00.** You will be charged only once for such an occurrence.

BOARDING EXTENSIONS

Unforeseen events do occur. In the event that your pet cannot be picked up on the designated day, please call us prior to the discharge day or as soon as reasonably possible to inform us of the delay and provide us with a new discharge date.

I understand the risk of boarding and I assume all responsibility, including financial responsibility, for injury or escape. Further, I release Animal Clinic and Hospital from any and all responsibility for injury or escape.

I have read, fully understand and agree to the conditions of the Boarding Registration, Requirements & Liability Form for Animal Clinic and Hospital.

NAME OF OWNER OR AUTHORIZED AGENT

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE