

Andrews Veterinary Hospital

BOARDING CONSENT FORM

Receipt _____ Tech Kennel _____

Owner's Name: : <first-and-spouse> <client> Phone No: : <phone> Today's weight: _____

Pet's Name: : <animal> Breed: : <breed> Previous weight: <weight>

Admission Date: _____ Discharge Date & Time: _____ Bath date (ready after 12) _____

Did your pet receive any medications this morning? _____ \$2.50 per day charge to administering meds

Feeding Instructions: _____

Did you feed your pet this morning? _____

Belongings: _____

VACCINATION POLICY: All animals admitted must be current on their vaccinations and must be free of external/internal parasites. (Dogs: DHPP, Rabies, Bivalent Influenza & Bordetella) (Cats: FVRCP & Rabies). Any animal found to have fleas or ticks will be treated at owner's expense. **INITIAL** _____

In the event your pet need medical attention while staying with us: (please choose 1)

_____ Please contact me with an estimate PRIOR to performing any treatments or giving any medications. Do not proceed without my authorization.

_____ Please perform whatever procedures/diagnostics that are required up to **\$100.00**. A courtesy call will be given to update you on your pet.

In the event of a life or death emergency situation in which we CANNOT CONTACT YOU, would you like us to perform life saving measures (i.e. CPR or surgery) at a minimum cost of \$500.00 or would you elect to euthanize? (Select One)

Perform _____

Euthanize _____

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Andrews Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Andrews Veterinary Hospital and its authorized agents and professionals.

PAYMENT IS REQUIRED AT TIME OF DISCHARGE

Emergency Contact & Phone # _____

Signature of Owner/Agent: _____ Date: _____

****Our canine boarders get a free bath after 5 nights of boarding. The bath will be done on the morning of pickup. Be sure to call to see if your pet is ready prior to picking up to ensure we have an time to bathe your dog. Baths will be ready after 12:00pm. You are welcome to call and see if your pet is ready earlier but we can not guarantee they will be done before 12:00pm. YOU MUST LET US KNOW IF YOU WANT A BATH THE DAY BEFORE.**