

Boarding Agreement

Office Use: RECEPTIONIST: _____ TECHNICIAN: _____

Owner's Name _____

Best # to be reached at during stay _____ Pet's Name _____ Canine / Feline

2nd # _____

Other Phone # _____ Climber

Drop Off Date _____ Pickup Date _____ Time _____

BOARDING HOURS (drop off and pick up) are from 7:30 am to 5:00pm Monday-Friday and 9am to 11am Saturday. Drop off and pick up must occur during regular business hours. Drop off before 12pm and pick up before 12pm with only be charged a half day. I have read the above information and agree to the terms _____ Initial

PLEASE INDICATE IF YOU WOULD LIKE ANY ADDITIONAL PROCEDURES DONE DURING YOUR PET'S STAY WITH US:

- Examination Yes No Routine exam Sick exam
25 Min. Additional High Energy Playtime With Other Dogs With a staff member only
Bath Please note that if you request a bath, your pet will not be ready for pickup until 12:00 pm. Stays longer than 5 days will receive \$10 off bath.
Nail Trim only
Upgraded Orthopedic Bed A 6" inch thick orthopedic bed can be provided for your pet for his/her entire stay for an additional \$15. This is recommended for senior pets.
My pet is destructive Will chew or destroy blankets and toys.

LIST ANY CURRENT MEDICAL PROBLEMS OR ANY CONDITIONS THAT WE SHOULD BE AWARE OF OR Write "NONE":

IS YOUR PET CURRENTLY ON ANY MEDICATION? Yes / No If yes, please list medications and time last given:

Medications: _____ Last given _____ *PLEASE NOTE THERE IS AN ADDITIONAL FEE PER DAY OF \$4.34 TO ADMINISTER MEDICATIONS. YOU MUST BRING ALL MEDICATIONS WITH YOU FOR ADMINISTRATION OR WE WILL CHARGE APPROPRIATELY FOR USING OUR IN HOUSE PHARMACY. _____ Initial

FOOD INSTRUCTIONS:

THE HOSPITAL FEEDS A PURINA VETERINARY DIET E/N UNLESS YOU PROVIDE AN ALTERNATIVE FOOD.

I AM SUPPLYING MY PET'S DIET FOOD (Food must be packaged in individual zip lock bags with the pet's name and time of feeding clearly written on the outside of each bag.) PLEASE FEED THE PURINA DIET E/N

***If your pet is on a prescription food you will need to provide enough food for the duration of your pets stay.

BOARDING CONSENT

- I am the owner or agent for the owner of the described animal and have the authority to execute this consent.
- I understand that any problems requiring a veterinarian's attention will result in my being charged an examination fee plus any additional fees for treatment and medications.
- I understand that I assume total financial responsibility for all services rendered and any and all collection fees associated with any unpaid amounts. I understand that Hemlock Bluffs Animal Hospital requires payment on the day of pickup of my pet and that no other financial arrangements can be made regarding partial or extended payments.
- If my pet(s) are not picked up on the agreed upon date, I hereby authorize Hemlock Bluffs to continue to provide the daily services set forth in this agreement until the new date of pickup and that I assume all financial charges for these additional services.
- In the event I do not pick up my pet on the agreed upon date and do not notify Hemlock Bluffs of any different arrangement, I understand that my pet(s) will be considered abandoned and I hereby authorize Hemlock Bluffs Animal Hospital to humanely dispose of such pet ten (10) days after **written notice** of such abandonment is sent to the address on my client/patient record.
- To the best of my knowledge my pet has no illness or behavior problem (including aggressive or biting behavior) that has not been disclosed to you in writing.
- I understand and am aware of the staffing and non-staffing hours and have signed a disclosure form.
- I **DO / DON'T** give Hemlock Bluffs permission to use photos and/or videos of my pet on their website and/or printed material.

I hereby agree to release Hemlock Bluffs Animal Hospital from any liability for illness, injury, loss or death of my pet from any cause other than their negligent acts or omissions. I have read, understand, and authorize this entire consent form with my signature.

Boarding Policies

VACCINATIONS: For your pet's protection and the protection of all our boarding and hospitalized pets, we REQUIRE that your pet's vaccinations, fecal tests and heartworm tests are current. Unless proof of medical care is available upon admission, necessary vaccinations/tests will be performed at the owner's expense. PLEASE NOTE: **VACCINATIONS/TESTS MUST BE PERFORMED BY A CURRENTLY LICENSED VETERINARIAN. VACCINATIONS BY OWNERS, BREEDERS OR GROOMERS ARE NOT ACCEPTED.**

BATHING: Should it become medically necessary to bathe your pet, we will attempt to contact you for permission. However, in the event that we are unable to reach you and it is determined that a bath is medically necessary, a bath will be done and added to your bill. **If your pet enters with either internal or external parasites, we reserve the right to treat at your expense which may include bathing, oral medications (Capstar for fleas) and/or the application of Frontline Plus or Revolution and that the costs will be added to my bill.**

PERSONAL ITEMS: **Please do not bring items with your pet, we cannot accept any personal belongings such as bedding, food bowls or toys.** All these items are provided for your pet at no additional cost to you. If you wish to upgrade your pet's bedding to a fleece "Snuggle Bed" please indicate below. It is safest for our facility to use our toys that are marketed as indestructible and are able to be sanitized. In some cases, it may be possible for you to leave a favorite toy for your pet to use during "Playtime" if you have selected playtime sessions for your pet.

COMMUNICABLE DISEASES: All pets coming into the hospital are fully vaccinated however; it is still possible for a pet to become ill, even if vaccinated. While your pet is staying with us, he or she may come into contact with other pets depending on the services you purchase. This is not due to any circumstance or condition at Hemlock Bluffs Animal Hospital and you agree that you will not hold us liable in the event your pet becomes ill during its stay. You further understand by signing this document that if your pet is determined to be contagious during the course of boarding (develops a cough or other respiratory signs or dermatologic condition determined to be contagious by our Doctors) you agree that they will be isolated from the general population and treated for the condition until you are able to return to pick them up.

CONTACT WITH OTHER PETS: If you choose community Playtime, you acknowledge and agree that in the unlikely event that another pet injures your pet, or if your pet injures another pet, that you will not hold Hemlock Bluffs Animal Hospital responsible for the injury. Hemlock Bluffs animal hospital takes every precaution to make playtime as safe as possible by pre-screening playmates, however, animals cannot be predicted in every situation. If your pet is injured, we will make every attempt to contact you and will begin any treatment necessary.

Signature _____

EMERGENCY RELEASE FORM

In the event that I am unable to be reached and a medical emergency should arise while my pet is in the care of HBAH, the maximum financial debt I wish to incur for my pet's emergency care is \$_____. I understand that all reasonable attempts will be made to contact me and any alternative emergency contact persons at the emergency numbers listed below. **This is the full amount I authorize including any expenditures at an overnight emergency care facility should my pet need this additional care.**

Yes / No In the event that I am unable to be reached by phone and my pet requires after hours care/monitoring, I authorize Hemlock Bluffs Animal Hospital to transport my pet(s) to a local emergency care facility of their choice based on their knowledge of the problem and the medical care that will be needed. (Please circle yes or no).

In the event that I am unable to be reached I hereby authorize the person listed below to make any and all medical decisions for my pet and authorize them to act as my agent. I have contacted this person and they are aware of this responsibility.

_____ Additional person who can make decisions on your behalf

_____ Additional emergency phone numbers

_____ Signature

We look forward to having your pet stay with us. We will do all we can to make his/her stay as pleasant as possible!

