

**ANIMAL CARE AND SURGICAL HOSPITAL DAY CARE/BOARDING
CONSENT FORM.**

Owner's/Authorized Agent's Name _____

Pet's Name _____ Sex: F ___ Spayed F ___ M ___ Neutered Male ___

Pet's Name _____ Sex: F ___ Spayed F ___ M ___ Neutered Male ___

Vaccines

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PP, and *Bordetella* vaccines, and cats have current rabies and FVRCP vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding. Vaccines that must be administered at this facility or by a licensed veterinarian working with this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

I certify that my pet(s) have received the following vaccines with the stated administration.

Pet "A" _____

Rabies _____ DA2PP/FVRCP _____ Bordetella _____

Pet "B" _____

Rabies _____ DA2PP/FVRCP _____ Bordetella _____

Diet

We have a variety of foods available to meet the nutritional needs of your pet. For each pet, please indicate the food to be fed and then specify whether your pet eats dry food only, canned food only, or both, and the number of times your pet is fed each day.

Medications

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Statement of Kennel Policy

1. A full day's board is charged for the first and last days, no matter what time your pet is admitted or released.
2. Pets must be picked up between 9:00am and 7:00pm. Discharges after hours are not allowed.

3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, ticks and fleas.
5. If my pet(s) identified on this record become ill, I request that Animal Care and Surgical Hospital, provide all medical/surgical treatment it deems necessary. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Fee Schedule

Service	Type of Pet	Fee
Boarding	Dog less than 20 pounds	\$ 20.00 per day
Boarding	Dog 20 to 50 pounds	\$ 25.00 per day
Boarding	Dog 50 to 80 pounds	\$ 30.00 per day
Boarding	Dog more than 80 pounds	\$ 35.00 per day
Boarding	Cat	\$ 20.00 per day

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Phone Number: (____) _____ - _____ (____) _____ - _____

Signature of Owner or Authorized Agent

Date