

### Boarding Admission Form

Date of Admission: \_\_\_\_\_

Date of Expected Release: \_\_\_\_\_

Client: \_\_\_\_\_

Pet: \_\_\_\_\_

Emergency Phone Number (Where you can be reached): \_\_\_\_\_

Alternative(Agent) Name & Phone Number: \_\_\_\_\_

1. All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).
2. If parasites are found on the pet during the stay, they will be treated as **the Clinic** determines, and the cost of the treatments will be added to the total bill.
3. If the pet must be separated from the general population and put in quarantine, added charges for quarantine procedures will be added to the total bill.
4. If the pet is found to be aggressive and dangerous to the staff or other animals, all additional charges will be added to the total bill.
5. If the pet is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill.
6. At your request we will bathe your pet prior to discharge for an additional fee of \$8.00. Yes \_\_\_\_\_ No \_\_\_\_\_
7. All reasonable precautions will be used to prevent injury and escape of the pet. **The Clinic** is not responsible for the actions of the pet that may cause injury and escape.
8. All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. **The Clinic** is given authorization to dispose of the pet(s) as they deem best, including euthanasia (putting to sleep).
9. If your pet is receiving any medications, you must bring all medication in their original containers. If medications are not provided by you, we will medicate from our inventory at the current rates. There will be additional charges of \$2.50 for administering medications.

Client Concerns for Doctor? (Y/N) \_\_\_ Needs Services? (Y/N) \_\_\_ (If yes, an estimate and signature for treatment is required)

Requires Medication? (Y/N) \_\_\_ List Medications: \_\_\_\_\_

Requires Special Diet (Y/N) \_\_\_ Diet Provided? (Y/N) \_\_\_ (otherwise your pet will be fed NutriSource Maintenance)

#### REGARDING THE TREATMENT OF MY PET DURING ITS STAY: **Circle one that applies**

- a) Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).
- b) Treat my pet as needed, but not to exceed \$ \_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if **the doctor** or his/her agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, **the doctor** and his/her agent(s) are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.
- c) Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (pet to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature: \_\_\_\_\_

Date: <<Practice.Application Date\S>>